Client Enrollment

State ID	Admission Date	Local Chart No.	Division ADA CPS MRDD		
Last Name		First Name	Middle		
Zip Code					
Address		City			
County		State			
Home Phone		Work Phone			
Birthdate		SSN			
Living Arrangement ALONE WITH FAMILY WITH UNRELATED PERSON ADULT FOSTER CARE NURSING HOME TRANSITIONAL OTHER PUBLIC/PRIVATE PARENT OR SIBLINGS OTHER HOMELESS WITH SPOUSE ONLY OXFORD HOUSE CSTAR SUPPORTED HOUSING CSTAR RESIDENTIAL REFUSED TO ANSWER/NOT AV					
Is there a pa	rent/legal guardian w	<u>ho should be involved</u>	in treatment decisions? Yes/No		
Race Alaskan Nativ White,not of F Black,not of H American Indi Spanish Amer Oriental Other Unknown Asian or Pacif Biracial	lispanic Org ispanic Org an ican	Hispanic Origin PUERTO RICAN MEXICAN CUBAN OTHER HISPANIC NOT OF HISPANIC O	RIGIN		
Sex M/F		# children in your care			
Marital Statu NEVER MAR NOW MARRI WIDOWED DIVORCED SEPARATED REMARRIED	RIED ED	Hearing Status Normal Hearing Hard of Hearing Deaf Unknown			
English American Sigr Native Americ Spanish (Mexi	nguage DMMONLY OCCURING > Language (Specify if known and Languages, (including Inuit co, Central/South America, Span/LATIN AMERICAN LAN) ain)			

Client Enrollment

French Portuguese

Italian

Greek

Eastern European (Specify if known)

Northern European/Scandinavian (Specify if known)

Other Slavic Languages (Specify if known)

<<< MIDDLE EASTERN >

Arabic

Hebrew

Farsi (Persian)

Lebanese

Turkish

<<< ASIAN >

Chinese Japanese

Korean

<<< SOUTHEAST ASIAN >

Cambodian (Khmer)

Laotian

Vietnamese

East Indian/Pakistani Languages (Specify if known)

<<< PACIFIC ISLAND LANGUAGES >

Other Asian/Pacific Rim Languages_ (Specify if known)

<<< AFRICAN LANGUAGES >

Burundi (Kirundi)

Ethiopian

Somali

Rwandan

Swahili

Other African Languages (Specify if known)

<>< UNKNOWN/OTHER CATEGORY >

Other (Specify Language Description-Required)

Unknown or Unable to Determine

Specific Language

Codependent Status Yes/No

Primary Client State ID

Referral Source

ASSN RETARDED CHILDREN

ATTORNEY/LEGAL COUNSEL

CLERGY

COMM MENTAL HEALTH CENTER

COURT, LAW ENF, CORRECTION

DEPT OF SOCIAL SERVICES

DMH REGIONAL CLINIC

DMH REHABILITATION CENTER

DMH RES TRT CTR CHILDREN

DRUG COURT REFERRAL

FAMILY, RELATIVES

FEDERAL/STATE/COUNTY PARO

FEDERAL/STATE/COUNTY PROB

FORMER CLIENT

FREESTANDING ADA AGENCY

FRIENDS

HEAD START

MEDICAL FACILITY

NON-PSYCH PHYSICIAN

NURSING HOME

OFFICE ECON OPPORTUNITY

OTHER (UNSPECIFIED)

OTHER MENTAL HEALTH FAC

OTHER NON-VOLUNTARY

PRIVATE PRACTICE MH PROF

PUBLIC MENTAL HOSPITAL

Client Enrollment

SATOP - DWI SCHOOL SYSTEM **SELF** SELF HELP GROUP (AA) SHELTERED WORKSHOP SOCIAL OR COMM AGENCY STATE SCHOOL FOR RETARDED TRTMT ALT TO STREET CRIME UNITED CEREBRAL PALSY UNKNOWN VETERANS ADMINISTRATION

Location

Commitment Type ADMINISTRATIVE TRANSFER ADULT BY DURABLE POA ADULT BY GUARDIAN ADULT BY SELF ADULT COURT ORDER ADULT COURT ORDER MHC ADULT COURT ORDER OUTPAT ADULT CRT ORD JAIL TRNFR ADULT MH PROF IMMINT HARM ADULT MH PROF JAIL TRNFR ADULT RETURN FRM COND REL ADUTL MHC ADUTL MHC JAIL TRANSFER CARE/TRTMNT-RETN JURSIDIC CARE/TRTMNT-TERM JURSIDIC CRIMINAL SEX PSYCHOPATH

EVALUATION INCOMP TO PROCEED W TRIAL MINOR BY GUARDIAN

MINOR BY LEGAL CUSTODIAN

MINOR BY PARENT MINOR BY SELF

MINOR COURT ORDER

MINOR COURT ORDER MHC

MINOR MH PROF IMMINT HARM

MINOR MHC

MINOR PCE OFF IMMINT HARM

MO DOC

NON-ADMISSION (SCR/WT)

NOT GUILTY REASON INSANTY

OTHER-CIRCUIT COURT

PEACE OFFICER IMMINT HARM

PEACE OFFICER JAIL TRNFR

PRE-TRIAL EVALUATION

QUAL ADA CNSL IMMINT HARM

TGT CASE MGMT FORENSIC

TGT CASE MGMT NON FORENS

Admission Type

FIRST READMIT TRANSFER

County where client will receive services

Do you have a substance abuse problem? Yes / No

Primary Substance

ALCOHOL

CRACK

OTHER COCAINE

MARIJUANA / HASHISH / THC

HEROIN

Client Enrollment

NON-PRESCRIPTION METHADONE PCP OR PCP COMBINATIONS HALLUCINOGENS METHAMPHETAMINE OTHER AMPHETAMINES ECSTASY / MDMA OTHER STIMULANTS BENZODIAZEPINES TRANQUILIZERS **BARBITURATES** SEDATIVES / HYPNOTICS OPIATES / SYNTHETICS **INHALANTS** OVER-THE-COUNTER OTHER DRUGS PATHOLOGICAL GAMBLING Frequency of Use NO PAST MONTH USE 1-3 TIMES IN PAST MONTH 1-2 TIMES PER WEEK 3-6 TIMES PER WEEK DAILY Route of Admin NO DRUG USED ORAL **SMOKING** INHALATION INTRAMUSCULAR INTRAVENOUS Age First Used Prior Detox 0 Previous Episodes 1 Previous Episode 2 Previous Episodes 3 Previous Episodes 4 Previous Episodes 5 or More Previous Episodes Prior Residential 0 Previous Episodes 1 Previous Episode 2 Previous Episodes 3 Previous Episodes 4 Previous Episodes 5 or More Previous Episodes Prior Outpatient 0 Previous Episodes 1 Previous Episode 2 Previous Episodes 3 Previous Episodes 4 Previous Episodes 5 or More Previous Episodes Do you have a psychological problem? Do you have a developmental disability? Yes / No Pregnant at Admission? Yes / No Education KINDERGARTEN 1ST GRADE 2ND GRADE 3RD GRADE

Client Enrollment

4TH GRADE **5TH GRADE** 6TH GRADE 7TH GRADE 8TH GRADE 9TH GRADE 10TH GRADE 11TH GRADE HIGH SCHOOL GRADUATE/GED 1 YEAR COLLEGE 2 YEARS COLLEGE 3 YEARS COLLEGE COLLEGE GRADUATE 1 YEAR GRADUATE MASTER'S DEGREE 3 YEARS GRADUATE DOCTORATE DEGREE TECHNICAL EDUC IN LIEU OF HIGH SCHOOL TECHNICAL EDUC IN ADDN TO HIGH SCHOOL NO ACADEMIC EDUCATION

Income Source

Illegal

Employment

Savings

Disability

Retirement

Unemployment

Public Assistance

Family/Friends

Other

None

Employment Status

Unemployed, Not Seek Emplymnt Lst 30 Dys

Unemployed, Has Seek Emplymnt Lst 30 Dys

Part-Time (less than 35 hours a week)

Full-Time (35 or more hours a week)

Occupation

PROFESSIONAL

FARMERS & FARM MANAGERS

MANAGERS, OFFICIALS, PROPRIETORS

CLERICAL WORKERS

SALES WORKERS

CRAFTSMEN

OPERATIVES (MECHANICAL INDUSTRY)

SERVICE & PRIVATE HOUSEHOLD WORKERS

FARM LABORERS

LABORERS, NON-FARM

HOUSEWIFE

STUDENT

PRE-SCHOOL

RETIRED

UNEMPLOYED

Veteran Status Yes/No/Unknown

Primary Source of Payment

SELF-PAY

BLUE CROSS / BLUE SHEILD

MEDICARE

MEDICAID

OTHER GOVERNMENT PAYMENTS

WORKER'S COMPENSATION

OTHER HEALTH INSURANCE CO

NO CHARGE

OTHER

Client Enrollment

Medicaid DCN

Program Treatment Code

Administration

Adult Corrections

Adult Day Treatment-Facility Base

Adult Forensic

Adult General Psychiatry-Outpatie

Adult General Psychiatry-POS-Inpa

Adult General Psychiatry-POS-Outp

Adult Outpat Clinic-CommBased-POS

Adult Outpatient Clinics-Facility

Adult Outptient Clinics-Community

Adult Residential

Adult Residential - POS

Adult Transitional Living

Adult Transitional Living - POS

Adult Traveling Clinics

Adult Traveling Clinics - POS

Adult Vocational Rehab - POS

Adult Vocational Rehabilitation

Ambulatory Detoxification

Assessment Service Team-Inpatient

Assessment Service Team-POS-Inpat

Assessment Service Teams-Outpatie

Assessment Svc Team-POS-Outpatien

ACUTE CARE

ADULT CLINICAL INTERVENTION PROG

ADULT FORENSIC - POS

ADULT GENERAL PSYCHIATRY-INPAT.

Behavior (HAB Centers)

Behavior (HAB Centers) - POS

Case Management

Child Day Treatment-Facility Base

Children & Adult Demonstrator Pro

Children & Youth-POS-Inpatient

Children & Youth-POS-Outpatient Children and Youth - Outpatient

Client Services Adm - Outpatient

Client Services Adm-POS-Inpatient

Client Svcs Adm-POS-Outpatient

Community Placement

Community Placement - POS

CARING COMMUNITIES - FAMILY FIRST

CLIENT SERVICES ADMINISTRATION

COGNITIVE BEHAVIOR

COMMUNITY PLACEMENT

COMPULSIVE GAMBLING

CONSUMER DIRECTED SUPPORT RES.

CONSUMER DIRECTED SUPPORT.

CORRECTIONS OUTPATIENT

CORRECTIONS RESIDENTIAL

CPR - INTENSIVE LEVEL

CPR - MAINTENANCE LEVEL

CPR - PROVISIONAL ADMISSION

CPR - REHABILITATION LEVEL

CPRC Community Support

CPRC Intensive Community Support

CPS Screening

CSTAR Adolescent

CSTAR General Adult

CSTAR Women & Children

Day Care Program (Regional Ctrs)

Day Care Program - POS- (Reg Ctr)

Development Svc Team-POS-Outpatie Developmental Service Teams-Inpat

Developmental Service Teams-POS-I

DOWNSIZED CLIENTS

Client Enrollment

Emergency Outpatient
Emergency Outpatient - POS
EMPLOYMENT TRAINING
EXTENDED FAMILIES FIRST

Family First - Outpatient

Family First - POS

FORENSIC CONNITIVE BEHAVIOR FORENSIC PSYCHIATRIC REHAB.

FORENSIC SOCIAL LEARNING

Geriatric (HAB Centers) Geriatric (HAB Centers) - POS

Geriatric - Inpatient

Geriatric - Outpatient Geriatric - POS - Inpatient Geriatric - POS - Outpatient Group Home - Outpatient GM/Infirmary - POS

GM/Infirmary - POS GM/INFIRMARY

Habilitation (HAB Centers) - POS Habilitation & Group Homes - POS Habilitation and Group Homes

Hospital Inpatient

HABILITATION (HAB CENTERS)

Medical Detoxification

Methadone Treatment

Modified Medical Detoxification

MRDD CASE MANAGEMENT SERVICES

MRDD CONTREGATE RESIDENTIAL

MRDD FAMILY DIRECTED SUPPORT

MRDD FAMILY DIRECTED SUPPORT RES.

MRDD INTAKE ASSESSMENT

MRDD NURSING HOME REFORM

MRDD PURCHASE OF SUPPORT SERVICES

MRDD SUPPORTED RESIDENTIAL LIVING

NON DMH ADA OUTPATIENT MC+

NON DMH CPS OUTPATIENT MC+

NON DMH MRDD OUTPATIENT MC+

NON-DMH CORRECTIONS CSTAR GEN

Outpatient

Over 30 Days to 1 Yr Residential

Prevention

POS Medication

POS Medication - POS

PSYCHIATRIC REHAB.

Receiving and Intensive Care - POS

Registration

REACT EDUCATION PROGRAM

REACT SCREENING

RENT SUBSIDY

RENT SUBSIDY

RENT SUBSIDY (NON-STATE PROVIDER)

Skilled Nursing (HAB Centers)

Skilled Nursing (HAB Ctrs) - POS

Social Setting Detoxification

SATOP ADOLESCENT DIVERSION ED PGM

SATOP COMPLETION OF ADA TREATMENT

SATOP COMPLETION OF NON-ADA TRMT

SATOP OFFENDER EDUCATION PROGRAM

SATOP SCREENING

SATOP WEEKEND INTERVENTION PROG

SOCIAL LEARNING

Thirty Days or Less Residential

TEST

YOUTH - INPATIENT

YOUTH CLINICAL INTERVENTION PROG

YOUTH RESIDENTIAL

Is this a DMH Client? Yes/No

Client Enrollment

Other Enrollment Information		

Client Enrollment

The following is required for those under 18 years of age and those with legal guardians.

Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian MI
Street	City	State Zip
Parent/Guardian Home Phone #	Parent/Guardian Work Phone #	Relationship to Client Father Mother Stepmother Stepfather Aunt Uncle Brother Sister Cousin

	ame:Chart Number: reation Date:Staff:	
	CAGE-AID	
	ote: The Cage-Aid is not required for clients entering an dolescent program.	
is S	core 1 point for each 'Yes' answer for questions 1-4. If the score is greater than 0, then the CAGE-AID is positive and an ASI hould be completed. If clinical judgment warrants, an ASI may e completed even if the CAGE-AID score is 0.	
	. Have you ever felt you should cut down on your drinking or rug use?	Yes No
	Have people annoyed you by criticizing your drinking or drug e?	Yes No
3.	Have you ever felt bad or guilty about your drinking or drug use?	Yes No
mo	Have you ever had a drink or used drugs first thing in the prining to steady your nerves or to get rid of a hangover (eye ener)?	Yes No

5) Questions not answered because client is being admitted to an adolescent program:

YesNo

6) Comments:

	Name:Chart Number:Creation Date:Staff:		
	Mental Health Screening Form III		
	The following questions ask about emotional problems that people sometimes have. Each item refers to the past year of your life, not just your current situation. This is why each question begins - "Within the past 12 months have you"		
	Score 1 point for each 'Yes' answer for questions 3-16. If the score is greater than 0, then the MHSF is considered positive and a C-DIS should be completed. If clinical judgment warrants, a C-DIS may be completed even if the MHSF score is 0.		
	1) Within the past 12 months have you talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?		
			Yes No
e	2) Within the past 12 months have you felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?		Yes No
r	B) Within the past 12 months have you been advised to take nedication for anxiety, depression, hearing voices, or for any other emotional problem?	2	Yes No
) Within the past 12 months have you been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?	200	Yes No
	i) Within the past 12 months have you heard voices no one else ould hear or seen objects or things which others could not see?	200	Yes No
t	s) Within the past 12 months have you been depressed for weeks at a ime, lost interest or pleasure in most activities, had trouble concentrating and making decisions or thought about killing	0	Yes No

yourself?

7) Within the past 12 months did you attempt to kill yourself?		Yes No
8) Within the past 12 months have you had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?	0	Yes No
9) Within the past 12 months have you experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?	0	Yes No
10) Within the past 12 months have you given in to an aggressive urge or impulse, on more than one occasion that resulted in serious harm to others or led to the destruction of property?	0	Yes No
11) Within the past 12 months have you felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?	2	Yes No
12) Within the past 12 months have you experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?	200	Yes No
13) Within the past 12 months was there a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?	0.00	Yes No
14) Within the past 12 months have you had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?		Yes No

15) Within the past 12 months have you had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you	Yes
have begun sweating, your heart began to beat rapidly, you were	No
shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint?	
16) Within the past 12 months have you had a persistent, lasting	Yes
thought or impulse to do something over and over that caused you	
considerable distress and interfered with normal routines, work, or	No
your social relations? Examples would include repeatedly counting	
things, checking and rechecking on things you had done, washing	
and rewashing your hands, praying, or maintaining a very rigid	
schedule of daily activities from which you could not deviate?	
17) Comments:	

Presenting Situation

Presenting Situation

Referral Source Addictions treatme Boot camp Court/Criminal Jus Educational agency Employer (EAP) For Homeless shelter Hot line Individual Labor (Job Corps, of Legal mandate Medical care agency Mental health agen Other Outreach Promotional (Mass SATOP Social service agen	nt programs tice y (school) aith community Head start (self) etc.) ry cy media)	Referral Source Contact N	ame	Address
City		State	Zip	Phone
Legal Status Awaiting Disposition Incarcerated Not Applicable On Parole On Probation	on	PO	Court date within Yes No	
All Clients	□ Substance use □ Family members/fi □ Employment/finance □ Probation requirem □ Spiritual/religious □ Violence/aggressio □ Other problem(spe	cial/school Depression nent Mood swing Eating prob on Physical abo	Sleep Sexu Home lems Ange	al elessness
Adolescent	□ MIP charge □ Special Education BEHAVIOR DISORDERE EDUCABLE MENTAL RI ELEMENTARY & SECOI LEARNING DISABLED O NO SPECIAL EDUCATION NOT COLLECTED REMEDIAL READING RESOURCE ROOM SPECIAL EDUCATION SPECIAL EDUCATION SPECIAL EDUCATION T SPECIAL SCHOOL SPEECH THERAPHY TRAINABLE MENTAL R UNKNOWN	ETARDATION NDARY SPECIAL EDUC CLASSROOM DN TESTING SUGGESTED	•	
Gambling	II	the need to bet more and n to lie to people important to	•	ich you

Presenting Situation

Enter any medications taken in the	past 30 days for a	an emotional/psychiatric conditio	n:
Medication Type	Medication Name	Emotional Condition	Dosage
Enter any medications taken in the	past 30 days for a	physical condition:	
Medication Type	Medication Name	Physical Condition	Dosage

Substance Use History

Secondary Substance

ALCOHOL

Primary Substance
ALCOHOL
CRACK
OTHER COCAINE
MARIJUANA / HASHISH / THC
HEROIN
NON-PRESCRIPTION METHADONE
PCP OR PCP COMBINATIONS
HALLUCINOGENS
METHAMPHETAMINE
OTHER AMPHETAMINES
ECSTASY / MDMA
OTHER STIMULANTS
BENZODIAZEPINES
TRANQUILIZERS
BARBITURATES
SEDATIVES / HYPNOTICS
OPIATES / SYNTHETICS
INHALANTS

CRACK OTHER COCAINE MARIJUANA / HASHISH / THC HEROIN NON-PRESCRIPTION METHADONE PCP OR PCP COMBINATIONS HALLUCINOGENS METHAMPHETAMINE OTHER AMPHETAMINES ECSTASY / MDMA OTHER STIMULANTS BENZODIAZEPINES TRANQUILIZERS BARBITURATES SEDATIVES / HYPNOTICS OPIATES / SYNTHETICS **INHALANTS**

Tertiary Substance ALCOHOL CRACK OTHER COCAINE MARIJUANA / HASHISH / THC HEROIN NON-PRESCRIPTION METHADONE PCP OR PCP COMBINATIONS HALLUCINOGENS METHAMPHETAMINE OTHER AMPHETAMINES ECSTASY / MDMA OTHER STIMULANTS BENZODIAZEPINES TRANQUILIZERS BARBITURATES SEDATIVES / HYPNOTICS OPIATES / SYNTHETICS

Presenting Situation

OVER-THE-COUNTER
OTHER DRUGS
OTHER DRUGS
TOBACCO
PATHOLOGICAL GAMBLING
OVER-THE-COUNTER
OTHER DRUGS

Drug Name	Date Last Used	Days Past 30	Freq of Use	Age of Onset	Route Admin	Use Patterns & History
Alcohol			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Crack			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Other Cocaine			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Marijuana / Hashish / THC			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Heroin			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Non-Prescription Methadone			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
PCP Or PCP Combinations			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Hallucinogens			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Methamphetami ne			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Other Amphetamines			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	

Presenting Situation

Drug Name	Date Last	Days Past 30	Freq of Use	Age of	Route Admin	Use Patterns & History
	Used			Onset		
Ecstasy / MDMA			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Other Stimulants			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Benzodiazepines			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Tranquilizers			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Barbiturates			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Sedatives / Hypnotics			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Opiates / Synthetics			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Inhalants			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Over-The- Counter			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Other Drugs			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	
Tobacco			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		INHALATION INTRAMUSCULAR INTRAVENOUS ORAL SMOKING	

Presenting Situation

Drug Name	Date Last Used	Days Past 30	Freq of Use	Age of Onset	Route Admin	Use Patterns & History
Pathological Gambling			1-2 TIMES PER WEEK 1-3 TIMES IN PAST MNTH 3-6 TIMES PER WEEK DAILY NO PAST MNTH USE		NO DRUG USED	

Notes					
Other relevant information noted by clinicians					

Treatment History

	Treatment HX								
Type MH SA	Start Date	End Date	Location	Comment					
			Hx Qu	estions					
Treatmen	Treatment history notes:								
At what po	eriod of your	life were y	you using alcohol	or drugs most?					
When did	When did you first recognize that you had a problem with alcohol or drugs?								
Have ther	Have there been any changes in the past 6 months in your alcohol or drug use?								

Treatment History

Notes	

Toxic Reactions Illness or Injuries Urinary Alcohol Vital Signs $\boldsymbol{\theta}$ Blood in urine $\boldsymbol{\theta}$ Blood alcohol level over θ Severe pain trunk, genital area $\boldsymbol{\theta}$ Fever: temperature> 101F $\boldsymbol{\theta}$ Painful inability to urinate θ Hypothermia: temperature<95 $\boldsymbol{\theta}$ Client unresponsive θ Pulse> 120 Skin Drugs θ BP> 180/110 θ Deep cut θ Client unresponsive θ BP <100/50 or <120/80 w/drop>20 $\boldsymbol{\theta}$ Signs of infection θ Client agitative, combative Skeleton θ Resp rate< 12 w/other problems θ Sign of possible fracture Current Withdrawal Problems θ Resp rate> 24 w/other problems θ New instability of a joint Head Alcohol θ Hallucinations θ Significant head injury θ Loss of feeling in a body part θ Seizures θ Severe headache θ Loss of ability to move body part 0 DTs/Delirium Tremens Chest Chronic Illness Drugs $\boldsymbol{\theta}$ Chest pain suggestive of heart disease θ Diabetes, especially if on insulin θ Hallucinations θ Chest pain suggestive of lung disease θ Angina/Hx of coronary heart θ Seizures θ Any severe or persistent chest pain disease Abdomen θ Severe lung disease θ Severe or persistent abdominal pain θ Stroke in the past $\boldsymbol{\theta}$ Nausea and vomiting for > 12 hours θ Any unusual disease - Specify θ Vomiting blood θ Bloody bowel movement θ Black, tarry bowel movements θ Jaundice: yellow-orange skin or eye color

Medical Evaluation – Emergency

Notes	

Medical Evaluation -Non Emergency

Head

- θ Pain in head or face
- θ Trouble seeing
- $\boldsymbol{\theta}$ Sore throat
- θ Dental problems

Chest

- θ Shortness of breath
- θ Chronic cough
- θ Chest pain
- θ Coughing up blood

Abdomen

- $\boldsymbol{\theta}$ Trouble swallowing
- θ Weight loss
- $\boldsymbol{\theta}$ Pain in abdomen
- θ Nausea

Urinary

- $\boldsymbol{\theta}$ Pain with urination
- θ Difficulty urinating
- $\boldsymbol{\theta}$ Frequent urination

Skin

- θ Changing mole
- θ New skin lesion
- $\boldsymbol{\theta}$ Chronic skin problems
- θ Any rash
- θ Red streaks

Reproductive

- θ Possible STD including HIV
- For Men
 - θ Discharge from penis
 - $\boldsymbol{\theta}$ Sores on penis
- For Women
 - θ Vaginal discharge
 - $\boldsymbol{\theta}$ Sores around vaginal area
 - $\boldsymbol{\theta}$ Need for contraception
 - $\boldsymbol{\theta}$ Need for routine Pap smear
- For Menstruating Women
 - θ Missed period
 - θ Possible pregnancy
 - $\boldsymbol{\theta}$ Irregular and/or heavy periods

Musculoskeletal

- θ Joint problems
- $\boldsymbol{\theta}$ Chronic pain

Nervous System

- θ Delusions, hallucinations
- θ Memory problems
- $\boldsymbol{\theta}$ Report of psychiatric treatment
- θ Depression

Other

- θ Report of diabetes
- $\boldsymbol{\theta}$ Supposed to be on medication
- θ Supp. to return to med. prov.
- $\boldsymbol{\theta}$ Report of positive TB test
- θ Smoker

Vital Signs (Optional)

- θ Pulse > 100 or < 50
- θ BP > 140/90
- θ Fever > 100F for > 5 days

	Never	Now	< 30 days	> 30 days
Shakes, tremors	θ	θ	θ	θ
Hallucinations	θ	θ	θ	θ
Blackouts	θ	θ	θ	θ
Seizures	θ	θ	θ	θ

Notes	

HIV/STD/TB Risk

Yes	No	Sexual History
		Sex with male?
		Sex with female?
		Sex with HIV+ partner?
		Sex with IV drug user?
		Sex with high risk partner? Risk:
		Received drugs/money for sex?
		Paid for sex?
		Victim of sexual assault?
		Assault reported to police?

Yes	No			Dr	ug History	
		Sex with alcohol use:	?			
		Injected drugs?				
		Shared needles				
		Crack use?				
		Other drug use? Specify:				
Yes	No	STD Histo	ory		Date last exp/TX	
		Gonorrhea?				
		Genital warts?				
		Herpes?				
		Chlamydia?				
		Syphilis?				
		Yeast?				
		PID?				
				Prevention		
			C	ontraceptio	n:	
Birt	Birth Control Pill			Foam		
JUI	IND			None		
Dia	phragm	gm Other (Specify:)			ecify:)	
BTL						
			Co	ondom Usag	e:	

HIV/STD/TB Risk

	Alwa	ys						
	Som	Sometimes						
			HIV:					
Date	last:	sexual/needle sharing exposure						
# se	x/nee	edle sharing partners last 6 mos						
Have	you e	ever been tested for HIV before:	?					
	V o							
	Yes, n	egative	Date:					
	Yes, p	ositive	Where:					
	11	1	Hepatitis:					
Yes	No	Has client ever had:						
		Hep A						
		Нер В						
		Нер С						
			TB:					
Have	you e	ever been tested for TB before?						
	No							
	Yes, 1	negative	Date:					
	Yes,	positive	Where:					
Yes	No							
		Do you have TB?						
	Close contact w/ someone w/ infectious TB? Date of last contact:							
		Curre	ent symptoms of TB infection:					
		Cough						
		Fever						
		Chest pains						
		Night sweats						

HIV/STD/TB Risk

Notes	

	General		
	ASI not completed, why not? Refused Unable to respond Terminated Completed		
1.	How long have you lived at your current address?	Yrs	Mos
2.	Is this residence owned by you or your family? Yes No		
3.	Have you been in a controlled environment in the past 30 days? No Jail Alcohol/Drug Treatment Medical Treatment Psychiatric Treatment Other - Specify		
4.	How many days were you in a controlled environment in the past 30?		

	Medical				
1.	How many times in your life have you been hospitalized for medical problems? (Include od's, dt's, but exclude detox.)				
2.	How long ago was your last hospitalization for a physical problem? Yrs Mos				
3.	Do you have any chronic medical problems which continue to interfere with your life? Yes No Specify:				
4.	Are you taking any prescribed medication on a regular basis for a physical problem? $\frac{Yes}{No}$				
5.	Do you receive a pension for a physical disability? (Exclude psychiatric disability.) Yes No Specify:				
6.	How many days have you experienced medical problems in the past 30?				
7.	How troubled or bothered have you been by these medical problems in the past 30 days? Not at all Slightly Moderately Considerably Extremely				

8.	How important to you now is treatment for these medical problems? Not at all Slightly Moderately Considerably Extremely	
	Interviewer severity range: 0-2 no-slt prblm, TX none-prb none 1-3 no-slt prblm, TX prb none-prb none 2-4 slt-mod prblm, TX prb none-prb necss 3-5 slt-mod prblm, TX prb none-prb necss 4-6 mod-consid prblm, TX prb necss-necss 5-7 mod-consid prblm, TX prb necss-necss 6-8 consid-extr prblm, TX necss-abs necss 7-9 consid-extr prblm, TX necss-abs necss	
9.	Interviewer severity rating:	
10.	Patient's misrepresentation? Yes No	
11.	Patient's inability to understand? Yes No	

	Emp/Supp				
1.	Education completed:	Yrs	Mos		
2.	Training or technical education completed:	Mos			
3.	Do you have a profession, trade or skill? Yes No Specify:				
4.	Do you have a valid driver's license? Yes No				
5.	Do you have an automobile available for your use? Yes No				
6.	Length of your longest fulltime job:	Yrs	Mos		
7.	Usual (or last) occupation. 0 - Higher exec, major prop'tr (CEO), major prof'l 1 - Bus. mgr, prop'tr med-size concern, lesser prof'l 2 - Admin personnel, sm business prop'tr, minor prof'l 3 - Clerical, sales worker, technician 4 - Skilled manual laborer 5 - Machine operator, semi-skilled worker 6 - Unskilled				

8.	Does someone contribute to your support in any way? Yes No
9.	Does this constitute the majority of your support? Yes No
10.	Usual employment pattern, past 3 years: full time (40 hrs/wk) part time (reg. hrs) part time (irregular, daywork) student service retired/disability unemployed in controlled environment
Weekly Income: NONE \$1 - \$49 \$50 - \$99 \$100 - \$149 \$150 - \$199 \$200 - \$299 \$300 - \$499 \$500 and Over UNKNOWN	

Type of Public Assistance:					
BLACK LUNG DISEASE BENEFITS					
COLLEGE WORK/STUDY PAYMENTS					
FOOD STAMPS					
GENERAL RELIEF GOVERNMENT DENGLONG					
GOVERNMENT PENSIONS GRANTS TO ASSIST VICTIMS OF DOMESTIC VIOLENCE					
HEAD START					
HIGHER EDUCATION GRANTS					
HIGHER EDUCATION LOANS					
IN-HOME SUPPORTIVE SERVICES					
JOB OPPORTUNITIES AND BASIC SKILLS TRAINING					
LEGAL SERVICES FOR THE POOR					
LOW-INCOME HOME ENERGY ASSISTANCE					
MEDICAID					
MEDICARE MENTAL DETARD ATION AND DEVELOPMENT DISABILITIES					
MENTAL RETARDATION AND DEVELOPMENT DISABILITIES MISSOURI CRIME VICTIMS' COMPENSATION					
NONE					
OTHER					
OTHER SUBSIDIZED HOUSING					
PSYCHIATRIC SERVICES					
PUBLIC HOUSING					
RAILROAD RETIREMENT BENEFITS					
REFUGEE ASSISTANCE					
SCHOOL LUNCH ASSISTANCE SECTION 8 HOUSING PAYMENTS					
SECTION 8 HOUSING VOUCHERS					
SOCIAL SECURITY DISABILITY BENEFITS					
SOCIAL SECURITY RETIREMENT BENEFITS					
SOCIAL SECURITY SURVIVORS' BENEFITS					
SUBSTANCE ABUSE TREATMENT ASSISTANCE					
SUPPLEMENTAL SECURITY INCOME					
TEMPORARY ASSISTANCE TO NEEDY FAMILIES					
TRADE ADJUSTMENT ASSISTANCE UNEMPLOYMENT COMPENSATION					
VETERANS' COMPENSATION					
VETERANS' PENSIONS					
WORKER'S COMPENSATION					
11. How many days were you paid for working in the past 30?					
The many days were you paid for working in the past so:					
How much money did you receive from the following sources in the past 30 days?					
12. Employment (net income):					
\$					
13. Unemployment compensation:					
\$					
14. DPA:					
1114. III.Jr.70.					
\$					
\$					
\$ 15. Pension or Social Security:					
\$ 15. Pension or Social Security: \$					
\$ 15. Pension or Social Security:					
\$ 15. Pension or Social Security: \$					
\$ 15. Pension or Social Security: \$ 16. Mate, family or friends: \$					
\$ 15. Pension or Social Security: \$ 16. Mate, family or friends:					

18.	How many people depend on you for the majority of their food, shelter, etc?
19.	How many days have you experienced employment problems in the past 30?
20.	How troubled or bothered have you been by these employment problems in the past 30 days? Not at all Slightly Moderately Considerably Extremely
21.	How important to you now is counseling for these employment problems? Not at all Slightly Moderately Considerably Extremely
0- 1- 2- 3- 4- 5- 6-	rviewer severity range: 2 no-slt prblm, TX none-prb none 3 no-slt prblm, TX none-prb none 4 slt-mod prblm, TX prb none-prb necss 5 slt-mod prblm, TX prb none-prb necss 6 mod-consid prblm, TX prb necss-necss 7 mod-consid prblm, TX prb necss-necss 8 consid-extr prblm, TX necss-abs necss 9 consid-extr prblm, TX necss-abs necss
22.	Interviewer severity rating:
23.	Patient's misrepresentation? Yes No
24.	Patient's inability to understand? Yes No

	Subst					
		30 Days	Years Life Time	Route of Admin		
1.	Alcohol - any use at all			Oral		
2.	Alcohol - to intoxication			Oral		
3.	Heroin			Oral Nasal Smoking Non IV Inj IV Inj		
4.	Methadone			Oral Nasal Smoking Non IV Inj IV Inj		

5	Other wist for dead			Oral	
5.	Other opiat/analges			Nasal Smoking	
				Non IV Inj IV Inj	
6.	Barbiturates			Oral	
0.	Bui bitul ares			Nasal Smoking	
				Non IV Inj IV Inj	
7.	Other sed/hyp/tranq			Oral	
	- men ees, m,p, m any			Nasal Smoking	
				Non IV Inj IV Inj	
8.	Cocaine			Oral	
				Nasal Smoking	
				Non IV Inj IV Inj	
9.	Amphetamines			Oral Nasal	
				Smoking Non IV Inj	
Щ				IV Inj	
10.	Cannabis			Oral Nasal	
Щ				Smoking	
11.	Hallucinogens			Oral Nasal	
				Smoking Non IV Inj	
Щ				IV Inj	
12.	Inhalants			Oral Nasal	
<i>13.</i>	More than one substance per day (including				
	alcohol)				
14.	Which substance is the major problem?				
	How long was your last period of voluntary abstinence from this major substance? (00-never abstinent) Mos			Mos	
16.	How many months ago did this abstinence end? (00-still abstinent) Mos				
17.	How many times have you:				
	Had alcohol DT's				
	OD'd on drugs				
18.	How many times have you been treated for:				
	Alcohol abuse				
	Drug abuse				
$\overline{}$		How many of these were for detox only?			

	Alcohol			
	Drug			
20.	20. How much would you say you spent during the past 30 days on:			
	Alcohol \$			
	Drug \$			
21.	How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA)			
22.	How many days in the past 30 have you experienced:			
	Alcohol problems			
	Drug problems			
23.	How troubled or bothered have you been in the past 30 days by these:			
	Alcohol problems Not at all Slightly Moderately Considerably Extremely			
	Drug problems Not at all Slightly Moderately Considerably Extremely			
24.	How important to you now is treatment for these:			
	Alcohol problems Not at all Slightly Moderately Considerably Extremely			
	Drug problems Not at all Slightly Moderately Considerably Extremely			
Inte	erviewer severity range:			
0 1 2 3 4 5	bhol: 0-2 no-slt prblm, TX none-prb none -3 no-slt prblm, TX none-prb none -4 slt-mod prblm, TX prb none-prb necss -5 slt-mod prblm, TX prb none-prb necss -6 mod-consid prblm, TX prb necss-necss -7 mod-consid prblm, TX prb necss-necss -8 consid-extr prblm, TX necss-abs necss -9 consid-extr prblm, TX necss-abs necss			

1 2 3 4 5	Drug: 0-2 no-slt prblm, TX none-prb none 1-3 no-slt prblm, TX none-prb none 2-4 slt-mod prblm, TX prb none-prb necss 3-5 slt-mod prblm, TX prb none-prb necss 4-6 mod-consid prblm, TX prb necss-necss 5-7 mod-consid prblm, TX prb necss-necss	
	-8 consid-extr prblm, TX necss-abs necss -9 consid-extr prblm, TX necss-abs necss	
25.	Interviewer severity rating:	
	Alcohol:	
	Drug:	
26.	Patient's misrepresentation? Yes No	
27.	Patient's inability to understand? Yes No	

1			
	Legal		
1.	Was this admission prompted or suggested by the criminal justice system? $\underset{\rm No}{{\rm Yes}}$		
2.	Are you on probation or parole? Yes No		
How	many times in your life have you been arrested and charged with the following:		
3.	Shoplifting/vandalism		
4.	Parole/probation violations		
5.	Drug offenses		
6.	Forgery		
7.	Weapons offense		
8.	Burglary, larceny, B&E		
9.	Robbery		
10.	Assault		
11.	Arson		
12.	Rape		
13.	Homicide, manslaughter		
14a.	Prostitution		
14b.	Contempt of court		

14c.	Other		
15.	How many of these charges resulted in convictions?		
How	many times in your life have you been charged	with the following:	
16.	Disorderly conduct, vagrancy, public intoxicati	on	
17.	Driving while intoxicated		
18.	Major driving violations (reckless driving, spee	ding, no license, etc)	
19.	How many months were you incarcerated in your life?	Mos	
20.	How long was your last incarceration?	Mos	
21.	What was it for? (If multiple, then most serio Shoplifting/vandalism Parole/probation violations Drug charges Forgery Weapons offense Burglary, larceny, B & E Robbery Assault Arson Rape Homicide, manslaughter Prostitution Contempt of court Other Dis. conduct, vagrancy, pub. intox. Driving while intoxicated Major driving violations	us)	
22.	Are you presently awaiting charges, trial or sentence? Yes No		
23.	What for? (If multiple, then most serious) Shoplifting/vandalism Parole/probation violations Drug charges Forgery Weapons offense Burglary, larceny, B & E Robbery Assault Arson Rape Homicide, manslaughter Prostitution Contempt of court Other Dis. conduct, vagrancy, pub. intox. Driving while intoxicated Major driving violations		
24.	How many days in the past 30 were you	Dys	
25	detained or incarcerated?	Nug.	
25.	How many days in the past 30 were you engaged in illegal activities for profit?	Dys	

ASI

26.	How serious do you feel your present legal problems are? (Exclude civil problems) Not at all Slightly Moderately Considerably Extremely
27.	How important to you now is counseling or referral for these legal problems? Not at all Slightly Moderately Considerably Extremely
0-2 1-3 2-4 3-5 4-6 5-7 6-8	rviewer severity range: 2 no-slt prblm, TX none-prb none 3 no-slt prblm, TX none-prb none 4 slt-mod prblm, TX prb none-prb necss 5 slt-mod prblm, TX prb none-prb necss 6 mod-consid prblm, TX prb necss-necss 7 mod-consid prblm, TX prb necss-necss 8 consid-extr prblm, TX necss-abs necss 9 consid-extr prblm, TX necss-abs necss
28.	Interviewer severity rating:
29.	Patient's misrepresentation? Yes No
30.	Patient's inability to understand? Yes

Fam Hist

Have any of your relatives had what you would call a significant drinking, drug use or psych problem - one that did or should have led to treatment?

Mother's side:	Alc	Drug	Psych		
Grandmother	No	No	No		
	Yes	Yes	Yes		
	Unknown	Unknown	Unknown		
	No relatives in this category	No relatives in this category	No relatives in this category		
Grandfather	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category		
Mother	No	No	No		
	Yes	Yes	Yes		
	Unknown	Unknown	Unknown		
	No relatives in this category	No relatives in this category	No relatives in this category		
Aunt	No	No	No		
	Yes	Yes	Yes		
	Unknown	Unknown	Unknown		
	No relatives in this category	No relatives in this category	No relatives in this category		
Uncle	No	No	No		
	Yes	Yes	Yes		
	Unknown	Unknown	Unknown		
	No relatives in this category	No relatives in this category	No relatives in this category		

Father's side:	Alc	Drug	Psych
Grandmother	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Grandfather	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Father	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Aunt	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Uncle	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Siblings:	Alc	Drug	Psych
Brother #1	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Brother #2	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Sister #1	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category
Sister #2	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category	No Yes Unknown No relatives in this category

Fam/Soc						
1.	Marital status					
	Married					
	Remarried					
	Widowed					
	Separated					
	Divorced					
	Never married					

2.	How long have you been in this marital status?	Yrs	Mos
3.	Are you satisfied with this situation? Indiff Yes No		
4.	Usual living arrangement (past 3 yrs): With sexual partner and children With sexual partner alone With children alone With parents With family With friends Alone Controlled environment No stable arrangements		
5.	How long have you lived in these arrangements? (If with parents or family since age 18)	Yrs	Mos
6.	Are you satisfied with these living arrangements? Indiff Yes No		
6a.	Do you live with anyone who has a current alcohol problem? Yes No		
6b.	Do you live with anyone who uses non-prescribed drugs? Yes No		
7.	With whom do you spend most of your free time: Frnds Fam Aln		
8.	Are you satisfied with spending your free time this way? Indiff Yes No		
9.	How many close friends do you have?		
9a.	Would you say you have had close, long-lasting personal relationship people in your life?	os with any of t	the following
	Mother No Yes Unknown No relatives in this category		
	Father No Yes Unknown No relatives in this category		

	Brothers/Sisters No		
	Yes		
	Unknown No relatives in this category		
	Sexual ptnr/Spouse		
	No Yes		
	Unknown No relatives in this category		
	Children		
	No Yes		
	Unknown		
	No relatives in this category		
	Friends No		
	Yes		
	Unknown No relatives in this category		
Have	e you had significant periods in which you have experienced serious prob	blems with	:
		Past 30	In Your Life
		Days	
10.	Mother		
11.	Father		
12.	Brothers/Sisters		
<i>13.</i>	Sexual partner/Spouse		
14.	Children		
15.	Other significant family		
16.	Close friends		
17.	Neighbors		
18.	Co-workers		
Did	any of these people (10-18) abuse you:		
18a.	Emotionally		
18b.	Physically		
18c.	Sexually		
19.	How many days in the past 30 have you had serious conflicts:		
	A. with your family?		
	B. with other people? (excluding family)		
How	troubled or bothered have you been in the past 30 days by these:		

20. Family problems Not at all Slightly Moderately Considerably Extremely 21. Social problems Not at all Slightly Moderately Considerably Extremely Extremely	
How important to you is treatment or counseling for these:	
22. Family problems Not at all Slightly Moderately Considerably Extremely	
23. Social problems Not at all Slightly Moderately Considerably Extremely	
Interviewer severity range: 0-2 no-slt prblm, TX none-prb none 1-3 no-slt prblm, TX prb none-prb none 2-4 slt-mod prblm, TX prb none-prb necss 3-5 slt-mod prblm, TX prb none-prb necss 4-6 mod-consid prblm, TX prb necss-necss 5-7 mod-consid prblm, TX prb necss-necss 6-8 consid-extr prblm, TX necss-abs necss 7-9 consid-extr prblm, TX necss-abs necss	
24. Interviewer severity rating:	
25. Patient's misrepresentation? Yes No	
26. Patient's inability to understand? Yes No	

	Psych							
1.	1. How many times have you been treated for any psychological or emotional problems?							
	In a hospital							
	As an Opt or Priv patient							
2.	Do you receive a pension for a psychiatric disability? Yes No							

H	Have you had a significant period (that was not a direct result of drug/alcohol use), in which you have experienced:								
,,,,,,,		Past 30 Days	In Your Life						
3.	Serious depression								
4.	Serious anxiety or tension								
5.	Hallucinations								
6.	Trouble understanding, concentrating or remembering								
7.	Trouble controlling violent behavior								
8.	Serious thoughts of suicide								
9.	Attempted suicide								
10.	Been prescribed medication for any psychological/emotional problem								
11.	How many days in the past 30 have you experienced these psychological problems?								
12.	How much have you been troubled by these psychological or emotional problems in the past 30 days? Not at all Slightly Moderately Considerably Extremely								
13.									
At th	e time of the interview, is the patient:								
14.	Obviously depressed/withdrawn								
15.	Obviously hostile								
16.	Obviously anxious/nervous								
17.	Having trouble with reality testing, thought disorders, paranoid	thinking							
18.	Having trouble comprehending, concentrating, remembering								
19.	Having suicidal thoughts								

0-2 1-3 2-4 3-5 4-6 5-7 6-8	Pviewer Severity range: 2 no-slt prblm, TX none-prb none 3 no-slt prblm, TX none-prb none 4 slt-mod prblm, TX prb none-prb necss 5 slt-mod prblm, TX prb none-prb necss 6 mod-consid prblm, TX prb necss-necss 7 mod-consid prblm, TX prb necss-necss 8 consid-extr prblm, TX necss-abs necss 9 consid-extr prblm, TX necss-abs necss
24.	Interviewer severity rating:
25.	Patient's misrepresentation? Yes No
26.	Patient's inability to understand? Yes No
	Notes

Legal		
	Last 30 Days	Lifetime
MIP (Alcohol)		
UPCS (Drug Possession)		
UPDS (Delivery)		
Curfew		
Trespassing		
Vandalism		
Shoplifting		
Theft		
Breaking/Entering		
Vehicle Tampering		
Assault		
Weapon Charge		
Formal Probation		
Committed crime under influence of alcohol/drugs?	Yes	No
Presently awaiting charges, trial, or sentencing?	Yes	No
Lifetime number of charges dropped		
Lifetime number of alternative juvenile dispositions		
Lifetime number of other convictions		
Legal Comments:		

School/Work												
School:												
Current S	5chool?											
Grade Le	vel:											
Current (Frades:	A+ ,	A A-	B+	В	C+	С	C-	D+	D	D-	F
Usual Gra	ades:	A+ ,	A A-	. В+	В	C+	С	C-	D+	D	D-	F
Current]	EP?											
Number (of different :	schools ir	n past 2	years:								
Days sus	oended in last	30:										
Currently	Suspended?											
Hours/W	eek Working	:										
School/V	Vork Commen	ts:										
This	This	30										
Year	Semester	Days	1.									
			1	otivation								
			1	e in scho								
			1	n of non-								
			1	oral disa		3						
				e in grad								
			1	l in credi								
			7	/Repeate		les						
			Disrup	tive beh	avior							
			Learni	ng disabi	lities -	ADD,	ADHD	, SED				
			Used p	ot/alcoh	ol/oth	er drug	gs bef	ore or	during	schoo	l hours	!
			Used p	ot/alcoh	ol/oth	er drug	gs at s	school	event			
			Skippe	d class r	nore th	nan two	time:	s per v	veek			
			Referr	als to of	fice fo	or beho	vior					
			Involv	ed in sch	ool spo	rts or	activi	ties				
			Tutori	ng								·
			Litera	cy progra	am							

	Behavior/ Emotional								
Inf	orm	ant	1:						
Inf	orm	ant	2:						
Inf	orm	ant	3:						
1	2	3	1 2 3						
		Does not follow rules Fire setting							
			Power struggles with parents/caregivers				Grief/los	sses	
			Regularly lies				Cutting o	or burning self	
			Steals from family members/caregivers				Suicide t	hreats or attempts	
			Stays out past curfew				Change ii	n sleep patterns	
			Isolated from family				Change ii	n eating patterns or	weight
			Poor self-esteem				Promiscu	ity	
			Poor decision making				Hurting A	Animals	
			Poor impulse control				Recent "	personality change"	
			Poor anger management				Ran away	,	
			Easily misled by peers				Verbal fi	ghting	
			Attention deficit disorder				Physical	fighting	
			Hyperactivity - ADHD				Victim of	f abuse	
			Depression						
	Reported by youth: (Never, Rarely, Sometimes, Often, Always) Ever Past 30 days							Past 30 days	
Hav	e ar	ı"I	don't care" attitude						
Beli	eve	tha	t parents/caregivers rules are not	fair	ı				
Sui	cida	l the	oughts/attempts						
Figl	nt or	ar	gue with parents/caregivers						
Cut	or b	ourn	self						
Sta	y ou	t pa	st curfew						
Ass	ault	/hu	rting others						
Lie	to p	arei	nts/caregivers						
Ran	awa	ıy							
Mak	re d	ecis	ions I regret later or which get me	inte	o tro	oubl	e		
Ver	bal ·	figh	ting						
Му	ange	er g	ets me in trouble at school/home						
Physical fighting Physical Fighting									

Feel depressed or hopeless					
Gang member					
At the time of the interview, is the youth:					
Obviously depressed/withdrawn					
Obviously hostile					
Obviously anxious/nervous					
Having trouble with reality testing, thought disorders, paranoid t	hinking				
Having trouble comprehending, concentrating, remembering					
Having suicidal thoughts					
Behavior/emotional comments:					

Friends				
How many friends/acquaintances do you have?				
How many close friends do you have?				
Of your friends, how many:	None	Less than half	More than half	Almost all
Are older than you				
Regularly use alcohol or drugs				
Engage in criminal behavior				
Dropped out of school				
Your parents/caregivers do not approve of/complain about				
Are involved with gangs				
Are in or have been in an alcohol or drug treatment program				
Friends comments:				

		Family				
Relationship: Father, Mother, Brother, Sister, Cousin Quality of relationship: Positi		Current	Past	None		
Name:	Age:				Alcohol/Drug problems	
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relationsl	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relationsl	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated
Name:		Age:				Alcohol/Drug problems
Relationship:	Quality of relations	nip:				Psychiatric problems
Living with youth?						Currently Incarcerated

	What/who:
Financial	
Housing	
Divorce/Step family	
Custody	
Frequent moves	
Substance Abuse	
Emotional Abuse	
Physical Abuse	
Sexual Abuse	
Mental Health	
Anger Management	
	Housing Divorce/Step family Custody Frequent moves Substance Abuse Emotional Abuse Physical Abuse Sexual Abuse Mental Health

Recovery Environment		
In the last 30 days, how many days have you attended:		
Self-help support groups		
Outpatient treatment service		
Inpatient treatment service		
Does the client's present living arrangement place him/her in imminent danger?	Yes	No
Do the adults in the present living arrangement actively use alcohol and/or drugs?	Yes	No
Do other adolescents in the present living arrangements use alcohol and/or drugs?	Yes	No
Are there substance free activities to support recovery in the present living arrangements?	Yes	No
Are there social or family networks which support recovery?	Yes	No
Does the adolescent belong to area or neighborhood groups which would hinder recovery?	Yes	No
Are there behavioral controls in the present living environment which would provide the adolescent with enough structure to effectively pursue treatment?	Yes	No
Does the client need 24 hour per day supervision?	Yes	No
Considering the geographical location of the client's home, is the client able to access sufficient treatment and support services to initiate recovery?	Yes	No
Is there a demonstrated inability to remain abstinent despite considerable non-residential services?	Yes	No
Recovery environment notes:		

MACSA

Placement Rate each of these domains based on screening and assessment data. Use the following scale to assign a rating. Any rating of 6 or higher requires specific explanation and justification. 0 - No Problem 1 - No Problem 2 - Slight Problem 3 - Slight Problem 4 - Moderate Problem 5 - Moderate Problem 6 - Considerable Problem 7 - Considerable Problem 8 - Extreme Problem 9 - Extreme Problem Comments Substance Abuse Patterns/Withdrawal Risk Includes factors such as recent use patterns (substance used, frequency, amount, method of administration); consequences of use; progression or tolerance; withdrawal risk. Physical Health Comments Includes physical health conditions that require ongoing care and that may be a factor in treatment planning. Emotional / Behavioral Comments

Includes factors such as suicidal ideation or plans; aggressiveness; severe confict with others; recent running away from home; coexisting psychiatric disorder; need for continuous supervision.

Acceptance / Resistance Includes factors such as blaming others; willingness to acknowledge problems; attempts to stop or cut back substance abuse.	Comments
Abstinence Potential Includes factors such as substance use in the past 30 days; longest period of abstinence in the past 6 months; impulsiveness; general ability to follow through with appointments and responsibilities.	Comments
Recovery Environment Includes factors such as number of non-using friends; involvement in non-using activities/leisure; school attendance and performance; involvement of other agencies or persons to support recovery, e.g. church, job, mentor, juvenile officer; lack of geographic access to treatment services.	Comments
Family / Caregiver Functioning Includes factors such as appropriateness of rules and consequences; availability of supervision; prescence of others in the household with active substance abuse; emotional and psychiatric functioning of caregivers; social and vocational functioning of categivers; ability and willingness to participate in the treatment process.	Comments

Notes	

Service Needs

С	I	NI	Substance Abuse Counseling
			Individual
			Group
			Self-help group (eg, NA, AA)
			Self-help group other
			Family
			Family group
			Co-dependency
С	I	NI	Mental Health Services
			Psychiatric assessment
			Psychological testing
			Psychotherapy
		T	
С	I	NI	Educ & Vocational Services
			GED preparation
			College preparation
			Information/education sessions
			Vocational counseling
			Vocational testing
			Vocational training
			Vocational placement
С	I	NI	Legal Services
<u> </u>	<u> </u>	INT	
			Legal counseling Legal representation
			Reports to court
			reports to court
С	I	NI	Medical Services
			Medical exam on admission
			Annual medical exam
			Prenatal care
			Neonatal care
			Postpartum care
			Pediatric follow-up
	<u> </u>		<u>II '</u>

Service Needs

			HIV, TB & STD counseling
			HIV, TB & STD testing
	ır		
С	I	NI	Recreational Services
		<u> </u>	Arts & Crafts
		<u> </u>	Activities
С	I	NI	Social Services
			Parent training
			Day care
			Life skills training
		İ	Housing assistance
			Transportation to treatment
	l L	<u> </u>	-11
С	I	NI	Other Needs
			Community support
			Detoxification
			Methadone maintenance
			Methadone detoxification
			Notes Notes

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AXIS I: Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention

- V62.3 Academic problem
- V62.4 Acculturation problem
- 308.3 Acute stress disorder
- 309.9 Adjustment disorder unspecified
- 309.24 Adjustment disorder with anxiety
- 309.0 Adjustment disorder with depressed mood
- 309.3 Adjustment disorder with disturbance of conduct
- 309.28 Adjustment disorder with mixed anxiety and depressed mood
- 309.4 Adjustment disorder with mixed disturbance of emotions and conduct
- V71.01 Adult antisocial behavior
- 995.2 Adverse effects of medication NOS
- 780.9 Age-related cognitive decline
- 300.22 Agoraphobia without history of panic disorder
- 305.00 Alcohol abuse
- 303.90 Alcohol dependence
- 303.00 Alcohol intoxication
- 291.0 Alcohol intoxication delirium
- 291.8 Alcohol withdrawal
- 291.0 Alcohol withdrawal delirium
- 291.8 Alcohol-induced anxiety disorder
- 291.8 Alcohol-induced mood disorder
- 291.1 Alcohol-induced persisting amnestic disorder
- 291.2 Alcohol-induced persisting dementia
- 291.5 Alcohol-induced psychotic disorder, with delusions
- 291.3 Alcohol-induced psychotic disorder, with hallucinations
- 291.8 Alcohol-induced sexual dysfunction
- 291.8 Alcohol-induced sleep disorder
- 291.9 Alcohol-related disorder NOS
- 294.8 Amnesiac disorder NOS
- 294.0 Amnestic disorder due to a general medical condition
- 305.70 Amphetamine abuse
- 304.40 Amphetamine dependence
- 292.89 Amphetamine intoxication
- 292.81 Amphetamine intoxication delirium
- 292.00 Amphetamine withdrawal
- 292.89 Amphetamine-induced anxiety disorder
- 292.84 Amphetamine-induced mood disorder
- 292.11 Amphetamine-induced psychotic disorder, with delusions
- 292.12 Amphetamine-induced psychotic disorder, with hallucinations
- 292.89 Amphetamine-induced sexual dysfunction
- 292.89 Amphetamine-induced sleep disorder
- 292.90 Amphetamine-related disorder NOS
- 307.10 Anorexia nervosa
- 293.89 Anxiety disorder due to a general medical condition
- 300.00 Anxiety disorder NOS
- 299.80 Asperger's Disorder
- 314.9 Attention-Deficit/Hyperactivity Disorder NOS
- 314.01 Attention-deficit/hyperactivity disorder, Combined type
- 314.01 Attention-deficit/Hyperactivity disorder, predominately Hyperactive-Impulsive type
- 314.00 Attention-Deficit/Hyperactivity Disorder, predominately inattentive type
- 299.00 Autistic disorder
- V62.82 Bereavement
- 296.8 Bipolar disorder NOS
- 296.06 Bipolar I diorder, single manic episode, in full remission
- 296.05 Bipolar I diorder, single manic episode, in partial remission
- 296.01 Bipolar I diorder, single manic episode, mild
- 296.02 Bipolar I diorder, single manic episode, moderate
- 296.04 Bipolar I diorder, single manic episode, severe with psychotic features
- 296.03 Bipolar I diorder, single manic episode, severe without psychotic features
- 296.00 Bipolar I diorder, single manic episode, unspecified
- 296.56 Bipolar I disorder, most recent episode depressed, in full remission
- 296.55 Bipolar I disorder, most recent episode depressed, in partial remission
- 296.51 Bipolar I disorder, most recent episode depressed, mild
- 296.52 Bipolar I disorder, most recent episode depressed, moderate
- 296.54 Bipolar I disorder, most recent episode depressed, severe with psychotic features
- 296.53 Bipolar I disorder, most recent episode depressed, severe without psychotic features

296.50 Bipolar I disorder, most recent episode depressed, unspecified	
296.40 Bipolar I disorder, most recent episode hypomanic	
296.46 Bipolar I disorder, most recent episode manic, in full remission	
296.45 Bipolar I disorder, most recent episode manic, in partial remission	
296.41 Bipolar I disorder, most recent episode manic, mild	
296.42 Bipolar I disorder, most recent episode manic, moderate 296.44 Bipolar I disorder, most recent episode manic, severe with psychotic features	
296.43 Bipolar I disorder, most recent episode manic, severe without psychotic features	
296.40 Bipolar I disorder, most recent episode manic, severe without psychotic readires	
296.66 Bipolar I disorder, most recent episode mixed, in full remission	
296.65 Bipolar I disorder, most recent episode mixed, in partial remission	
296.61 Bipolar I disorder, most recent episode mixed, mild	
296.62 Bipolar I disorder, most recent episode mixed, moderate	
296.64 Bipolar I disorder, most recent episode mixed, severe with psychotic features	
296.63 Bipolar I disorder, most recent episode mixed, severe without psychotic features	
296.60 Bipolar I disorder, most recent episode mixed, unspecified	
296.7 Bipolar I Disorder, most recent episode unspecified	
296.89 Bipolar II disorder	
300.7 Body dysmorphic disorder V62.89 Borderline intellectual functioning	
780.59 Breathing related sleep disorder	
298.8 Brief psychotic disorder	
307.51 Bulimia nervosa	
305.90 Caffeine intoxication	
292.89 Caffeine-induced anxiety disorder	
292.89 Caffeine-induced sleep disorder	
292.90 Caffeine-related disorder NOS	
305.20 Cannabis abuse	
304.30 Cannabis dependence 292.89 Cannabis Intoxication	
292.81 Cannabis intoxication delirium	
292.89 Cannabis-induced anxiety disorder	
292.11 Cannabis-induced psychotic disorder, with delusions	
292.12 Cannabis-induced psychotic disorder, with hallucinations	
292.9 Cannabis-Related disorder NOS	
293.89 Catatonic disorder due to a general medical condition	
299.10 Childhood Disintegrative Disorder	
V71.02 Childhood or adolescent antisocial behavior	
307.22 Chronic motor or vocal tic disorder 307.45 Circadian rhythm sleep disorder	
305.60 Cocaine abuse	
304.20 Cocaine dependence	
292.89 Cocaine intoxication	
292.81 Cocaine intoxication delirium	
292.00 Cocaine withdrawal	
292.89 Cocaine-induced anxiety disorder	
292.84 Cocaine-induced mood disorder	
292.11 Cocaine-induced psychotic disorder, with delusions	
292.12 Cocaine-induced psychotic disorder, with hallucinations 292.89 Cocaine-induced sexual dysfunction	
292.89 Cocaine-induced sexual dystaleuoli	
292.90 Cocaine-related disorder NOS	
294.9 Cognitive disorder NOS	
307.9 Communication Disorder NOS	
312.8 Conduct disorder	
300.11 Conversion disorder	
301.13 Cyclothymic disorder	
293.0 Delirium due to a general medical condition 293.0 Delirium due to viral encephalitis	
780.09 Delirium NOS	
297.1 Delusional disorder	
290.10 Dementia due to Creutzfeldt-Jakob disease	
294.1 Dementia due to head trauma	
294.9 Dementia due to HIV disease	
294.1 Dementia due to Huntington's disease	
294.10 Dementia due to other general medical conditions	
294.1 Dementia due to Parkinson's disease	
290.10 Dementia due to Pick's disease	_

294.8 Dementia NOS
290.10 Dementia of the Alzheimer's type, with early onset uncomplicated
290.11 Dementia of the Alzheimer's type, with early onset with delirium
290.12 Dementia of the Alzheimer's type, with early onset with delusions
290.13 Dementia of the Alzheimer's type, with early onset with depressed mood
290.00 Dementia of the Alzheimer's type, with late onset, uncomplicated
290.3 Dementia of the Alzheimer's type, with late onset, with delirium
290.20 Dementia of the Alzheimer's type, with late onset, with delusions
290.21 Dementia of the Alzheimer's type, with late onset, with depressed mood
300.6 Depersonalization disorder 311 Depressive disorder NOS
315.40 Developmental coordination disorder
799.9 Diagnosis or condition deferred on Axis I
313.9 Disorder of infancy, childhood, or adolescence NOS
315.2 Disorder of Written Expression
312.9 Disruptive behavior disorder NOS
300.12 Dissociative amnesia
300.15 Dissociative disorder NOS
300.13 Dissociative fugue
300.14 Dissociative identity disorder
302.76 Dyspareunia (not due to a general medical condition)
307.47 Dyssomnia NOS 300.4 Dysthymic disorder
307.50 Eating Disorder NOS
787.6 Encopresis with constipation and overflow incontinence
307.70 Encopresis without constipation and overflow incontinence
307.60 Enuresis (not due to a general medical condition)
302.4 Exhibitionism
315.31 Expressive language disorder
300.19 Factitious disorder NOS
300.19 Factitious disorder with combined psychological and physical signs and symptoms
300.19 Factitious disorder with predominately physical signs and symptoms 300.16 Factitious disorder with predominately psychological signs and symptoms
307.59 Feeding disorder of infancy or early childhood
625.0 Female dyspareunia due to general medical condition
625.8 Female hypoactive sexual desire due to general medical condition
302.73 Female orgasmic disorder
302.72 Female sexual arousal disorder
302.81 Fetishism
302.89 Frotteurism
302.85 Gender identity disorder in adolescents or adults 302.6 Gender identity disorder in childhood
302.6 Gender identity disorder NOS
300.02 Generalized anxiety disorder
305.30 Hallucinogen abuse
304.50 Hallucinogen dependence
292.89 Hallucinogen intoxication
292.81 Hallucinogen intoxication delirium
292.89 Hallucinogen persisting perception disorder
292.89 Hallucinogen-induced anxiety disorder
292.84 Hallucinogen-induced mood disorder 292.11 Hallucinogen-induced psychotic disorder, with delusions
292.12 Hallucinogen-induced psychotic disorder, with delucinations
292.90 Hallucinogen-related disorder NOS
307.44 Hypersomnia related to[indicate the Axis I or Axis II disorder]
302.71 Hypoactive sexual desire disorder
300.7 Hypochondriasis
313.82 Identity disorder
312.30 Impulse-control disorder NOS
305.90 Inhalant abuse
304.60 Inhalant dependence 292.89 Inhalant intoxication
292.81 Inhalant intoxication delirium
292.89 Inhalant-induced anxiety disorder
292.84 Inhalant-induced mood disorder
292.82 Inhalant-induced persisting dementia
292.11 Inhalant-induced psychotic disorder, with delusions
292.12 Inhalant-induced psychotic disorder, with hallucinations

202.001.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
292.90 Inhalant-related disorder NOS 307.42 Insomnia related to[indicate the Axis I or Axis II disorder]	
312.34 Intermittent explosive disorder	
312.32 Kleptomania	
315.90 Learning disorder NOS	
296.36 Major depressive episode, recurrent, in full remission	
296.35 Major depressive episode, recurrent, in partial remission	
296.31 Major depressive episode, recurrent, mild	
296.32 Major depressive episode, recurrent, moderate	
296.33 Major depressive episode, recurrent, severe, without psychotic features	
296.30 Major depressive episode, recurrent, unspecified 296.34 Major depressive episode, recurrent, with psychotic features	
296.26 Major depressive episode, recurrent, with psychotic reatures	
296.25 Major depressive episode, single episode, in partial remission	
296.21 Major depressive episode, single episode, mild	
296.22 Major depressive episode, single episode, moderate	
296.23 Major depressive episode, single episode, severe, without psychotic features	
296.20 Major depressive episode, single episode, unspecified	
296.24 Major depressive episode, single episode, with psychotic features	
608.89 Male dyspareunia due to general medical condition 302.72 Male erectile disorder	
607.84 Male erectile disorder due to general medical condition	
608.89 Male hypoactive sexual desire due to general medical condition	
302.74 Male orgasmic disorder	
V65.2 Malingering	
315.10 Mathematics disorder	
333.90 Medication-induced movement disorder NOS	
333.1 Medication-induced postural tremor	
293.9 Mental Disorder NOS due to a general medical condition 315.31 Mixed receptive-expressive language disorder	
293.83 Mood disorder due to a general medical condition	
296.90 Mood disorder NOS	
347 Narcolepsy	
V61.21 Neglect of child	
995.5 Neglect of child (if focus of attention is on victim)	
333.92 Neuroleptic malignant syndrome	
333.99 Neuroleptic-induced acute akathisia	
333.7 Neuroleptic-induced acute dystonia 332.1 Neuroleptic-induced Parkinsonism	
333.82 Neuroleptic-induced tardive dyskinesia	
305.10 Nicotine dependence	
292.00 Nicotine withdrawal	
292.90 Nicotine-related disorder NOS	
307.47 Nightmare disorder	
V71.09 No diagnosis or condition on Axis I	
V15.81 Noncompliance with treatment	
300.3 Obsessive-compulsive disorder V62.2 Occupational problem	
305.50 Opioid abuse	
304.00 Opioid dependence	
292.89 Opioid intoxication	
292.81 Opioid intoxication delirium	
292.00 Opioid withdrawal	
292.84 Opioid-induced mood disorder	
292.11 Opioid-induced psychotic disorder, with delusions	
292.12 Opioid-induced psychotic disorder, with hallucinations 292.89 Opioid-induced sexual dysfunction	
292.89 Opioid-induced sleep disorder	
292.90 Opioid-related disorder NOS	
313.81 Oppositional defiant disorder	
305.90 Other (or unknown) substance abuse	
304.90 Other (or unknown) substance dependence	
292.81 Other (or unknown) substance induced delirium	
292.89 Other (or unknown) substance intoxication	
292.89 Other (or unknown) substance-induced anxiety disorder	
292.84 Other (or unknown) substance-induced mood disorder 292.83 Other (or unknown) substance-induced persisting amnestic disorder	
292.82 Other (or unknown) substance-induced persisting anniestic disorder	
· · · · · · · · · · · · · · · · · · ·	

292.12 Other (or unknown) substance-induced psychotic disorder, with hallucinations	
292.89 Other (or unknown) substance-induced sexual dysfunction	
292.89 Other (or unknown) substance-induced sleep disorder	
292.90 Other (or unknown) substance-related disorder NOS 625.8 Other female sexual dysfunction due to general medical condition	
608.89 Other male sexual dysfunction due to general medical condition	
292.00 Other or unknown substance withdrawal	
292.11 Other or unknown substance-induced psychotic disorder, with delusions	
307.89 Pain disorder associated with both psychological factors and a general medical condition	
307.80 Pain disorder associated with psychological factors	
300.01 Panic disorder without agoraphobia	
300.21 Panic disorder, with agoraphobia	
302.9 Paraphilia NOS 307.47 Parasomnia NOS	
V61.20 Parent-child relational problem	
V61.1 Partner relational problem	
312.31 Pathological gambling	
302.2 Pedophilia	
310.1 Personality change due to general medical condition	
299.80 Pervasive developmental disorder NOS	
V62.89 Phase of life problem 304.90 Phencyclidine (PCP) or similarly acting arylcyclohexylamine dependence	
305.90 Phencyclidine abuse	
292.89 Phencyclidine Intoxication	
292.81 Phencyclidine or phencyclidine-like substance intoxication delirium	
292.89 Phencyclidine-induced anxiety disorder	
292.84 Phencyclidine-induced mood disorder	
292.11 Phencyclidine-induced psychotic disorder, with delusions	
292.12 Phencyclidine-induced psychotic disorder, with hallucinations	
292.90 Phencyclidine-related disorder NOS 315.39 Phonological disorder	
V61.1 Physical abuse of adult	
995.81 Physical abuse of adult (if focus of attention is on victim)	
V61.21 Physical abuse of child	
995.5 Physical abuse of child (if focus of attention is on victim)	
307.52 Pica	
304.80 Polysubstance dependence	
309.81 Posttraumatic stress disorder 302.75 Premature ejaculation	
307.44 Primary hypersomnia	
307.42 Primary insomnia	
316 Psychological factors affecting physical condition	
298.9 Psychotic disorder NOS	
312.33 Pyromania	
293.81 Pyschotic disorder due to a general medical condition, with delusions	
293.82 Pyschotic disorder due to a general medical condition, with hallucinations 313.89 Reactive attachment disorder of infancy or early childhood	
315.00 Reading disorder	
V62.81 Relational problem NOS	
V61.9 Relational problem related to a mental disorder or a general medical condition	
V62.89 Religious or spiritual problem	
299.80 Rett's Disorder	
307.53 Rumination disorder	
295.70 Schizoaffective disorder 295.20 Schizophrenia, catatonic type	
295.20 Schizophrenia, disorganized type	
295.30 Schizophrenia, paranoid type	
295.60 Schizophrenia, residual type	
295.90 Schizophrenia, undifferentiated type	
295.40 Schizophreniform disorder	
292.83 Sedative, hypnotic or anxiolytic-induced persisting amnestic disorder	
305.40 Sedative, hypnotic, or anxiolytic abuse	
304.10 Sedative, hypnotic, or anxiolytic dependence	
292.81 Sedative, hypnotic, or anxiolytic intoxication delirium 292.00 Sedative, hypnotic, or anxiolytic withdrawal	
292.81 Sedative, hypnotic, or anxiolytic withdrawal delirium	
292.82 Sedative-, hypotic-, or anxiolytic-induced persisting dementia	
292.11 Sedative-, hynotic-, or anxiolytic-induced psychotic disorder, with delusions	

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292.90 Sedative-, hynotic-, or anxiolytic-related disorder NOS 292.89 Sedative-, hypnotic-, or anxiolytic intoxication 292.89 Sedative-, hypnotic-, or anxiolytic-induced anxiety disorder 292.84 Sedative-, hypnotic-, or anxiolytic-induced mood disorder 292.12 Sedative-, hypnotic-, or anxiolytic-induced psychotic disorder, with hallucinations 292.89 Sedative-, hypnotic-, or anxiolytic-induced sexual dysfunctionr 292.89 Sedative-, hypnotic-, or anxiolytic-induced sleep disturbance 313.23 Selective mutism	
292.89 Sedative-, hypnotic-, or anxiolytic-induced anxiety disorder 292.84 Sedative-, hypnotic-, or anxiolytic-induced mood disorder 292.12 Sedative-, hypnotic-, or anxiolytic-induced psychotic disorder, with hallucinations 292.89 Sedative-, hypnotic-, or anxiolytic-induced sexual dysfunctionr 292.89 Sedative-, hypnotic-, or anxiolytic-induced sleep disturbance	
292.84 Sedative-, hypnotic-, or anxiolytic-induced mood disorder 292.12 Sedative-, hypnotic-, or anxiolytic-induced psychotic disorder, with hallucinations 292.89 Sedative-, hypnotic-, or anxiolytic-induced sexual dysfunctionr 292.89 Sedative-, hypnotic-, or anxiolytic-induced sleep disturbance	
292.12 Sedative-, hypnotic-, or anxiolytic-induced psychotic disorder, with hallucinations 292.89 Sedative-, hypnotic-, or anxiolytic-induced sexual dysfunctionr 292.89 Sedative-, hypnotic-, or anxiolytic-induced sleep disturbance	
292.89 Sedative-, hypnotic-, or anxiolytic-induced sexual dysfunctionr 292.89 Sedative-, hypnotic-, or anxiolytic-induced sleep disturbance	
292.89 Sedative-, hypnotic-, or anxiolytic-induced sleep disturbance	
292.89 Sedative-, hypnotic-, or anxiolytic-induced sleep disturbance	
313.23 Selective mutism	
309.21 Separation anxiety disorder	
V61.1 Sexual abuse of adult	
995.81 Sexual abuse of adult (if focus of attention is on victim)	
V61.21 Sexual abuse of child	ļ
995.5 Sexual abuse of child (if focus of attention is on victim)	ļ
302.79 Sexual aversion disorder	ļ
302.9 Sexual disorder NOS	ļ
302.70 Sexual dysfunction NOS	ļ
302.83 Sexual masochism	ļ
302.84 Sexual sadism	ļ
297.3 Shared psychotic disorder	ļ
V61.8 Sibling relational problem	ļ
780.54 Sleep disorder due to general medical condition, hypersomnia type	ļ
780.52 Sleep disorder due to general medical condition, insomnia type	ļ
780.59 Sleep disorder due to general medical condition, mixed type	ļ
780.59 Sleep disorder due to general medical condition, parasomnia type	ļ
307.46 Sleep terror disorder	ļ
307.46 Sleepwalking disorder	ļ
300.23 Social phobia	ļ
300.81 Somatization disorder	ļ
300.81 Somatoform disorder NOS	ļ
300.29 Specific phobia	ļ
307.30 Stereotypic movement disorder	ļ
307.00 Stuttering	ļ
307.20 Tic disorder NOS	ļ
307.23 Tourette's disorder	ļ
307.21 Transient tic disorder	ļ
302.3 Transvestic fetishism	ļ
312.39 Trichotillomania	ļ
300.81 Undifferentiated somatoform disorder	ļ
300.9 Unspecified mental disorder (nonpsychotic)	ļ
306.51 Vaginismus (not due to a general medical condition)	ļ
290.40 Vascular dementia, uncomplicated	ļ
290.41 Vascular dementia, with delirium	ļ
290.42 Vascular dementia, with delusions	ļ
290.43 Vascular dementia, with depressed mood	ļ
302.82 Voyeurism	ļ
Code 1: Specify:	
Code 1: Specify:	
Code 1: Specify:	
Code 1: Specify:	

Code 1:

Specify:

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AXIS II: Personality Disorders / Mental Retardation

- 301.70 Antisocial personality disorder
- 301.82 Avoidant personality disorder
- 301.83 Borderline personality disorder
- 301.60 Dependent personality disorder
- 799.9 Diagnosis or condition deferred on Axis II
- 301.50 Histrionic personality disorder
- 319 Mental retardation, severity unspecified
- 317 Mild mental retardation
- 318.0 Moderate mental retardation
- 301.81 Narcissistic personality disorder
- V71.09 No diagnosis on Axis II
- 301.40 Obsessive compulsive personality disorder
- 301.0 Paranoid personality disorder
- 301.9 Personality disorder NOS
- 318.2 Profound mental retardation
- 301.20 Schizoid personality disorder
- 301.22 Schizotypal personality disorder
- 318.1 Severe mental retardation

Code 2:	Specify:	
Code 2:	Specify:	

AXIS III: General Medical Conditions

- 783.2 Abnormal loss of weight
- 783.1 Abnormal weight gain
- 661 Abnormality of forces of labor
- 654 Abnormality of organs and soft tissues of pelvis
- 566 Abscess of anal rectal regions
- 513 Abscess of lung and mediastinum
- 324.0 Abscess, intracranial
- V62.3 Academic problem
- 133 Acariasis
- V62.4 Acculturation problem
- 735 Acquired deformities of toe
- 283 Acquired hemolytic anemias
- 244 Acquired hypothyroidism
- 039 Actinomycotic infections
- 421 Acute and subacute endocarditis
- 570 Acute and subacute necrosis of liver
- 540 Acute appendicitis
- 466 Acute bronchitis and bronchiolitis
- 580 Acute glomerulonephritis
- 464 Acute laryngitis and tracheitis
- 683 Acute lymphadenitis
- 410 Acute myocardial infarction
- 422 Acute myocarditis
- 460 Acute nasopharyngitis
- 420 Acute pericarditis
- 462 Acute pharyngitis
- 045 Acute poliomyelitis
- 415 Acute pulmonary heart disease
- 584 Acute renal failure
- 461 Acute sinusitis
- 463 Acute tonsillitis
- 465 Acute upper respiratory infections of multiple or unspecified sites
- 436 Acute, but ill defined, cerebrovascular disease
- V71.01 Adult antisocial behavior

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995.2 Adverse effects of medication NOS
V56 Aftercare involving intermittent dialysis
V51 Aftercare involving the use of plastic surgery
780.9 Age-related cognitive decline
V61.41 Alcoholism in family
477 Allergic thinitis 331.0 Alzheimer's disease
006 Amebiasis
565 Anal fissure and fistula
126 Ancylostomiasis and necatoriasis
740 Anencephalus and similar anomalies
413 Angina pectoris
720 Ankylosing spondylitis and other inflammatory spondylopathies
783.0 Anorexia
V28 Antenatal screening
641 Antepartum hemorrhage, abruptio placentae, and placenta previa
335 Anterior horn cell disease
022 Anthrax
441 Aortic aneurysm
784.3 Aphasia
284 Aplastic anemia
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933 Foreign body in pharynx and iarynx 934 Foreign body in trachea, bronchus, and lung
930 Foreign body on external eye
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801 Fracture of base of skull
814 Fracture of carpal bone(s)
810 Fracture of clavicle
802 Fracture of face bones
812 Fracture of humerus
815 Fracture of metacarpal bone(s)
820 Fracture of neck or femur
826 Fracture of one or more phalanges of foot
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616 Inflammatory disease of cervix, vagina, and vulva	
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614 Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum
601 Inflammatory diseases of prostate
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550 Inguinal hernia
902 Injury of blood vessels of abdomen and pelvis
904 Injury of blood vessels of lower extremity and unspecified sites
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866 Injury to kidney
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862 Injury to other and unspecified intrathoracic organs
957 Injury to other and unspecified nerves
951 Injury to other cranial nerve(s)
868 Injury to other intra-abdominal organs
954 Injury to other nerve(s) of trunk, excluding shoulder an dpelvic girdles
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956 Injury to peripheral nerve(s) of pelvic girdle and lower limb
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- 627 Menopausal and postmenopausal disorders
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- 346 Migraine
- 018 Miliary tuberculosis
- 632 Missed abortion
- 206 Monocytic leukemia
- 355 Mononeuritis of lower limb
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- V61.5 Multiparity
- 894 Multiple and unspecified open wound of lower limb
- 817 Multiple fracture of hand bones
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- 651 Multiple gestation
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- 205 Myeloid leukemia
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- V61.21 Neglect of child
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- 241 Nontoxic nodular goiter
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- 261 Nutritional marasmus
- 278 Obesity and other hyperalimentation
- V71 Observation and evaluation for suspected conditions
- 673 Obstetrical pulmonary embolism
- 660 Obstructed labor
- 331.4 Obstructive hydrocephalus

433 Occlusion of erebral arteries 434 Occlusion of erebral arteries 432 Occupational problem 412 Old myocardial infarction 877 Open would of buttock 876 Open wound of back 875 Open wound of eact 876 Open wound of exect 877 Open wound of exect 878 Open wound of exect 879 Open wound of of book 870 Open wound of fuser(s) 870 Open wound of fuser(s) 870 Open wound of fuser(s) 870 Open wound of finger(s) 870 Open wound of finger(s) 870 Open wound of sexect finger(s) alone 870 Open wound of pain and execept finger(s) alone 870 Open wound of hip and thigh 870 Open wound of hip and thigh 870 Open wound of hip and thigh 870 Open wound of ore. (see (except thigh), and ankle 870 Open wound of ore. 870 Open wound of other and unspecified sites, except limbs 880 Open wound of other and unspecified sites, except limbs 880 Open wound of shoulder and upper arm 880 Open wound of shoulder and upper arm 893 Open wound of tox(s) 118 Opportunistic mycoses 640 Orchitis and epididymitis 443 Organ or tissue replaced by other means 442 Organ or tissue replaced by transplant 871 Osteoarthrosis and allied disorders 872 Osteochondropathies 873 Osteomyfelists, periositist, and other infections invloving bone 874.19 Other 874.19 Other 875.10 Osteoarthrosis and allied disorders 878 Other and prainted deformities of limbs 878 Other acquired deformities of limbs 878 Other acquired deformities of limbs 878 Other and unspecified anterias 878 Other and unspecified aftercare 879 Other and unspecified aftercare 870 Other and unspecified disorders of the puerperium, not elsewhere classified 870 Other and unspecified disorders of the ervous system 870 Other and unspecified disorders of finetholism 870 Other and unspecified disorders of the ervous system
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349 Other and unspecified disorders of the nervous system
128 Other and unspecified helminthiases
136 Other and unspecified infectious and parasitic diseases
432 Other and unspecified intracranial hemorrhage
853 Other and unspecified intracranial hemorrhage following injury
263 Other and unspecified protein-calorie malnutrition
097 Other and unspecified syphilis
442 Other aneurysm
542 Other appendicitis 088 Other arthropod-borne diseases
066 Other arthropod-borne viral diseases
040 Other bacterial diseases
482 Other bacterial pneumonia
V40.3 Other behavioral problems
215 Other benign neoplasm of connective and other soft tissue
219 Other benign neoplasm of uterus
682 Other cellulitis and abscess
331.8 Other cerebral degeneration
331 Other cerebral degenerations 123 Other cestode infection
123 Outer costone fillection

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669 Other complications of labor and delivery, not elsewhere classified 646 Other complications of pregnancy, not elsewhere classified 998 Other complications of procedures, not elsewhere classified 348 Other conditions of brain 747 Other congenital anomalies of circulatory system 751 Other congenital anomalies of digestive system 746 Other congenital anomalies of heart 755 Other congenital anomalies of limbs 742 Other congenital anomalies of nervous system 750 Other congenital anomalies of upper alimentary tract 756 Other congenital musculoskeletal anomalies 648 Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, child ... 281 Other deficiency anemias 341 Other demyelinating diseases of central nervous system V46 Other dependence on machines 718 Other derangement of joint 702 Other dermatoses 525 Other diseases and conditions of the teeth and supporting structures 078 Other diseases due to viruses and Chlamydiae 543 Other diseases of appendix 289 Other diseases of blood and blood-forming organs 077 Other diseases of conjunctiva due to viruses and Chlamydiae 424 Other diseases of endocardium 518 Other diseases of lung 423 Other diseases of pericardium 417 Other diseases of pulmonary circulation 519 Other diseases of respiratory system 336 Other diseases of spinal cord 478 Other diseases of upper respiratory tract 447 Other disorders of arteries and arterioles 576 Other disorders of biliary tract 596 Other disorders of bladder 733 Other disorders of bone and cartilage 611 Other disorders of breast 723 Other disorders of cervical region 459 Other disorders of circulatory system 388 Other disorders of ear 379 Other disorders of eye 374 Other disorders of eyelids 629 Other disorders of female genital organs 575 Other disorders of gallbladder 569 Other disorders of intestine 593 Other disorders of kidney and ureter 573 Other disorders of liver 608 Other disorders of male genital organs 385 Other disorders of middle ear and mastoid 251 Other disorders of pancreatic internal secretion 568 Other disorders of peritoneum 602 Other disorders of prostate 709 Other disorders of skin and subcutaneous tissue 729 Other disorders of soft tissue 537 Other disorders of stomach and duodenum 727 Other disorders of synovium, tendon, and bursa 676 Other disorders of the breast associated with childbirth and disorders of lactation 246 Other disorders of thyroid 384 Other disorders of tympanic membrane 599 Other disorders of urethra and urinary tract V41.3 Other ear problems 259 Other endocrine disorders 048 Other enterovirus diseases of central nervous system 333 Other extrapyramidal disease and abnormal movement disorders V41.1 Other eye problems V61 Other family circumstances 625.8 Other female sexual dysfunction due to general medical condition 656 Other fetal and placental problems affecting management of mother 005 Other food poisoning 414 Other forms of chronic ischemic heart disease 095 Other forms of late syphilis, with symptoms

- 553 Other hernia of abdominal cavity without mention of obstruction or gangrene 551 Other hernia of abdominal cavity, with gangrene 552 Other hernia of abdominal cavity, with obstruction, but without mention of gangrene V23.8 Other high-risk pregnancy 701 Other hypertrophic and atrophic conditions of skin 799 Other ill-defined and unknown causes of morbidity and mortality 659 Other indications for care or intervention related to labor and delivery, not elsewhere classified 134 Other infestation 127 Other intestinal helminthiases 686 Other local infections of skin and subcutaneous tissue 608.89 Other male sexual dysfunction due to general medical condition 202 Other malignant neoplasm of lymphoid and histiocytic tissue 173 Other malignant neoplasm of skin V40.2 Other mental problems V34 Other multiple, mates all liveborn V35 Other multiple, mates all stillborn V36 Other multiple, mates live- and stillborn V37 Other multiple, unspecified 117 Other mycoses 049 Other non-arthropod-borne viral diseases of central nervous system 558 Other noninfectious gastroenteritis and colitis 796 Other nonspecific abnormal findings 269 Other nutritional deficiencies 665 Other obstetrical trauma 873 Other open wound of head V54 Other orthopedic aftercare 344 Other paralytic syndromes 774 Other perinatal jaundice 443 Other peripheral vascular disease V15 Other personal history presenting hazards to health V65 Other persons seeking consultation without complaint or sickness V45 Other postsurgical states 658 Other problems associated with amniotic cavity and membranes V47 Other problems with internal organs V41.8 Other problems with special functions 007 Other protozoal intestinal diseases 770 Other respiratory conditions of fetus and newborn 012 Other respiratory tuberculosis 362 Other retinal disorders 398 Other rheumatic heart disease 083 Other rickettsioses 003 Other salmonella infections 262 Other severe protein-calorie malnutrition V60.8 Other specified housing or economic circumstances 207 Other specified leukemia V42.8 Other specified organ or tissue 104 Other spirochetal infection 789 Other symptoms involving abdomen and pelvis 121 Other trematode infections 081 Other typhus V61.7 Other unwanted pregnancy 099 Other venereal diseases 453 Other venous embolism and thrombosis 057 Other viral exanthemata 027 Other zoonotic bacterial diseases 839 Other, multiple, and ill-defined dislocations 827 Other, multiple, and ill-defined fractures of lower limb 387 Otosclerosis V27 Outcome of delivery
- 256 Ovarian dysfunction
- 625 Pain and other symptoms associated with female genital organs
- V61.20 Parent-child relational problem
- 332 Parkinson's disease
- V61.1 Partner relational problem
- 132 Pediculosis and phthirus infestation
- 533 Peptic ulcer, site unspecified
- 777 Perinatal disorders of digestive system
- 726 Peripheral enthesopathies and allied syndromes

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567 Peritonitis	
475 Peritonsillar abscess	
V63.2 Person awaiting admission to adequate facility elsewhere	
V60.3 Person living alone	
V60.6 Person living in residential institution	
V64 Personal encountering health services for specific procedures, not carried out	
V11.1 Personal history of affective disorders	
V11.3 Personal history of alcoholism V14 Personal history of allergy to medicinal agents	
V12 Personal history of certain other diseases	
V12 Personal history of malignant neoplasm	
V11 Personal history of mental disorder	
V11.2 Personal history of neurosis	
V13 Personal history of other diseases	
V11.8 Personal history of other mental disorders	
V11.0 Personal history of schizophrenia	
V11.9 Personal history of unspecified mental disorders	
V62.89 Phase of life problem	
451 Phlebitis and thrombophlebitis	
325 Phlebitis and thrombophlebitis of intracranial venous sinuses	
V61.1 Physical abuse of adult	
995.81 Physical abuse of adult (if focus of attention is on victim)	
V61.21 Physical abuse of child	
995.5 Physical abuse of child (if focus of attention is on victim) 331.1 Pick's disease	
685 Pilonidal cyst	
103 Pinta	
020 Plague	
511 Pleurisy	
503 Pneumoconiosis due to other inorganic dust	
502 Pneumoconiosis due to other silica or silicates	
505 Pneumoconiosis, unspecified	
483 Pneumonia due to other specified organism	
484 Pneumonia in infectious diseases classified elsewhere	
486 Pneumonia, organism unspecified	
507 Pneumonitis due to solids and liquids	
504 Pneumonopathy due ot inhalation of ther dust	
512 Pneumothorax	
481 Pneymococcal pneumonia	
975 Poisoning by agents primarily acting on the smooth and skeletal muscles and respiratory system 964 Poisoning by agents primarily affecting blood constituents	
976 Poisoning by agents primarily affecting skin and mucous mumbrane, opthalmological,	
972 Poisoning by agents primarily affecting the cardiovascular system	
973 Poisoning by agents primarily affecting the gastrointestinal system	
965 Poisoning by analgesics, antipyretics, and antirheumatics	
960 Poisoning by antibiotics	
966 Poisoning by anticonvulsants and anti-Parkinsonism drugs	
978 Poisoning by bacterial vaccines	
970 Poisoning by central nervous stimulants	
971 Poisoning by drugs primarily affecting the autonomic nervous system	
962 Poisoning by hormones and synthetic substitutes	
977 Poisoning by other and unspecified drugs and medicinal substances	
961 Poisoning by other anti-infectives	
968 Poisoning by other central nervous system depressants and anesthetics	
979 Poisoning by other vaccines and biological substances	
963 Poisoning by primarily systemic agents 969 Poisoning by psychotropic agents	
969 Poisoning by psychotropic agents 967 Poisoning by sedatives and hypnotics	
974 Poisoning by securives and hyphotics 974 Poisoning by water, mineral, and uric acid metabolism drugs	
446 Polyarteritis nodosa and allied conditions	
783.5 Polydipsia	
258 Polyglandular dysfunction and related disorders	
657 Polyhydramnios	
725 Polymyalgia rheumatica	
783.6 Polyphagia	

452 Portal vein thrombosis 515 Postinflammatory pulmonary fibrosis V24 Postpartum care and examination

666 Postpartum hemorrhage	
V23.2 Pregnancy with history of abortion	
V23.0 Pregnancy with history of infertility V23.1 Pregnancy with history of trophoblastic disease	
V23.4 Pregnancy with other poor obstetric history	
V23.5 Pregnancy with other poor reproductive history	
010 Primary tuberculous infection	
V61.3 Problems with aged parents or in-laws	
V40.1 Problems with communication	
V41.2 Problems with hearing	
V40.0 Problems with learning	
V49 Problems with limbs and other problems V41.7 Problems with sexual function	
V41.0 Problems with sight	
V41.5 Problems with smell and taste	
V41 Problems with special senses and other special functions	
V41.6 Problems with swallowing and mastication	
V41.4 Problems with voice production	
V26 Procreative management	
645 Prolonged pregnancy 698 Pruritus and related conditions	
696 Psoriasis and similar disorders	
514 Pulmonary congestion and hypostasis	
011 Pulmonary tuberculosis	
287 Purpura and other hemorragic conditions	
672 Pyrexia of unknown origin during the puerperium	
071 Rabies	
026 Rat-bite fever	
605 Redundant prepuce and phimosis 555 Regional enteritis	
087 Relapsing fever	
V62.81 Relational problem NOS	
V61.9 Relational problem related to a mental disorder or a general medical condition	
V62.89 Religious or spiritual problem	
586 Renal failure, unspecified	
587 Renal sclerosis, unspecified	
V63.0 Residence remote from hospital or other health care facility 506 Respiratory conditions due to chemical fumes and vapors	
508 Respiratory conditions due to other and unspecified external agents	
769 Respiratory distress syndrome	
667 Retained placenta or membranes, without hemorrhage	
361 Retinal detachments and defects	
392 Rheumatic chorea	
391 Rheumatic fever with heart involvement	
390 Rheumatic fever without mention of heart involvement	
714 Rheumatoid arthritis and other inflammatory polyarthropathies V24.2 Routine postpartum follow-up	
v 24.2 Routine postpartum ronow-up 056 Rubella	
135 Sarcoidosis	
120 Schistosomiasis	
196 Secondary and unspecified malignant neoplasm of lymph nodes	
405 Secondary hypertension	
198 Secondary malignant neoplasm of other specified sites	
197 Secondary malignant neoplasm of respiratory and digestive systems	
331.2 Senile degeneration of brain 797 Senility without mention of psychosis	
038 Septicemia	
V61.1 Sexual abuse of adult	
995.81 Sexual abuse of adult (if focus of attention is on victim)	
V61.21 Sexual abuse of child	
995.5 Sexual abuse of child (if focus of attention is on victim)	
004 Shigellosis	
V61.8 Sibling relational problem	
240 Simple and unspecified goiter V30 Single newborn	
V42.3 Skin	
780.54 Sleep disorder due to general medical condition, hypersomnia type	

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780.59 Sleep disorder due to general medical condition, mixed type	
780.59 Sleep disorder due to general medical condition, parasomnia type	
764 Slow fetal growth and fetal malnutrition	
046 Slow virus infection of central nervous system	
589 Small kidney of unknown cause	
050 Smallpox V72 Special investigations and examinations	
074 Specific diseases due to Coxsackie virus	
741 Spina bifida	
952 Spinal cord injury without evidence of spinal bone injury	
334 Spinocerebellar disease	
721 Spondylosis and allied disorders	
634 Spontaneous abortion	
845 Sprains and strains of ankle and foot	
841 Sprains and strains of elbow and forearm	
843 Sprains and strains of hip and thigh	
844 Sprains and strains of knee and leg	
847 Sprains and strains of other and unspecified parts of back	
846 Sprains and strains of sacroiliac region	
840 Sprains and strains of shoulder and upper arm	
842 Sprains and strains of wrist and hand 378 Strabismus and other disorders of binocular eye movements	
034 Streptococcal sore throat and scarlet fever	
430 Subarachnoid hemorrhage	
852 Subarachnoid, subdural, and extradural hemorrhage, following injury	
798 Sudden death, cause unknown	
913 Superficial injury of elbow, forearm, and wrist	
918 Superficial injury of eye and adnexa	
910 Superficial injury of face, neck, and scalp except eye	
915 Superficial injury of finger(s)	
917 Superficial injury of foot and toe(s)	
914 Superficial injury of hand(s) except finger(s) alone	
916 Superficial injury of hip, thigh, leg, and ankle	
919 Superficial injury of other, multiple, and unspecified sites	
912 Superficial injury of shoulder and upper arm	
911 Superficial injury of trunk V23 Supervision of high-risk pregnancy	
382 Suppurative and unspecified otitis media	
783 Symptoms concerning nutrition, metabolism, and development	
785 Symptoms involving cardiovascular system	
787 Symptoms involving digestive system	
784 Symptoms involving head and neck	
781 Symptoms involving nervous and musculoskeletal systems	
786 Symptoms involving respiratory system and other chest symptoms	
782 Symptoms involving skin and other integumentary tissue	
788 Symptoms involving urinary system	
257 Testicular dysfunction	
037 Tetanus	
265 Thiamine and niacin deficiency states	
245 Thyroiditis	
242 Thyrotoxicosis with or without goiter	
082 Tick-borne rickettsioses	
063 Tick-borne viral encephalitis 980 Toxic effect of alcohol	
986 Toxic effect of arconol 986 Toxic effect of carbon monoxide	
983 Toxic effect of carbon monoxide	
984 Toxic effect of lead and its compounds (including fumes)	
988 Toxic effect of noxious substances eaten as food	
987 Toxic effect of other gases, fumes, or vapors	
985 Toxic effect of other metals	
989 Toxic effect of other substances, chiefly nonmedicinal as t source	
981 Toxic effect of petroleum products	
982 Toxic effect of solvents other than petroleum-based	
130 Toxoplasmosis	
076 Trachoma	
435 Transient cerebral ischemia	

435 Transient cerebral ischemia
664 Trauma to perineum and vulva during delivery
887 Traumatic amputation of arm and hand (complete) (partial)

896 Traumatic amputation of	foot (complete) (partial)
897 Traumatic amputation of	
	other finger(s) (complete) (partial)
885 Traumatic amputation of	
895 Traumatic amputation of	
124 Trichinosis	without mention of open wound of thorax
131 Trichomoniasis	
350 Trigeminal nerve disorde	FC
086 Trypanosomiasis	10
015 Tuberculosis of bones and	d joints
016 Tuberculosis of genitouri	
	s, peritoneum, and mesenteric glands
013 Tuberculosis of meninges	
017 Tuberculosis of other org	ans
021 Tularemia	
V31 Twin, mate liveborn	
V32 Twin, mate stillborn	
V33 Twin, unspecified	
002 Typhoid and paratyphoid	
663 Umbilical cord complicat V63 Unavailability of other m	
V39 Unspecified	iculcal facilities for Cale
637 Unspecified abortion	
V23.9 Unspecified high-risk p	pregnancy
V40.9 Unspecified mental or	behavioral problem
V42.9 Unspecified organ or ti	
41.9 Unspecified problem wit	th special functions
	unavailability of medical facilities
598 Urethral stricture	
1	ansmitted, and urethral syndrome
708 Urticaria	
218 Uterine leiomyoma	and the second s
454 Varicose veins of lower e	
456 Varicose veins of other si 557 Vascular insufficiency of	
	pregnancy and the puerperium
	nd other disorders of vestibular system
101 Vincent's angina	and other disorders of vestibular system
	itted by other and unspecified arthropods
070 Viral hepatitis	, T
	ons classified elsewhere and of unspecified site
480 Viral pneumonia	- -
368 Visual disturbances	
264 Vitamin A deficiency	
268 Vitamin D deficiency	
033 Whooping cough	
102 Yaws 060 Yellow fever	
000 Tellow lever	
Code 3:	Specify:

AXIS IV: Psychosocial and Enviro	nment Stressors
Problems with primary support group	Specify:
Problems related to the social environment	Specify:

Educational problems	Specify:
Occupational problems	Specify:
Housing problems	Specify:
Economic problems	Specify:
Problems with access to health care providers	Specify:
Problems related to interaction with the legal system/crime	Specify:
Other psychosocial and environmental problem	Specify:
AXIS V: Global Assessment	of Functioning Scale
Score:	
Notes	

	ASI-Mini	
Clie	Client Name: Date:	
	All questions refer to the past 30 day period.	
	General	
	ASI not completed, why not? Refused Unable to respond Terminated Completed	
3.	Have you been in a controlled environment in the past 30 days? No Jail Alcohol/Drug Treatment Medical Treatment Psychiatric Treatment Other - Specify	
4.	How many days were you in a controlled environment in the past 30?	
	Medical	
6.	How many days have you experienced medical problems in the past 30?	
7.	How troubled or bothered have you been by these medical problems in the past 30 days? Not at all Slightly Moderately Considerably Extremely	
8.	How important to you now is treatment for these medical problems? Not at all Slightly Moderately Considerably Extremely	
	Emp/Supp	
4.	Do you have a valid driver's license? See No.	
5.	Do you have an automobile available for your use? \[\textstyle \text{Yes} \\ \textstyle \text{No} \]	
11.	How many days were you paid for working in the past 30?	
Ηοι	w much money did you receive from the following sources in the past 30 days?	
12.	Employment (net income): \$	

17.	Illegal:
	<u> </u>
	Substance use
1.	Alcohol - any use at all
2.	Alcohol - to intoxication
3.	Heroin
4.	Methadone
5.	Other opiat/analges
6.	Barbiturates
7.	Other sed/hyp/trang
8.	Cocaine
9.	Amphetamines
10.	Cannabis
11.	Hallucinogens
12.	Inhalants
13.	More than one substance per day (including alcohol)
20.	How much would you say you spent during the past 30 days on:
	Alcohol \$
	In the past 30 days, how many days have you attended self-help groups in the community such as AA or NA?
22.	How many days in the past 30 have you experienced:
	Alcohol problems
	Drug problems
23.	How troubled or bothered have you been in the past 30 days by these:
	Alcohol problems Not at all Slightly Moderately Considerably Extremely
	Drug problems Not at all Slightly Moderately Considerably Extremely

24.	How important to you now is treatment for these:
	Alcohol problems Not at all Slightly Moderately Considerably Extremely
	Drug problems Not at all Slightly Considerably Extremely
	Legal
22.	Are you presently awaiting charges, trial or sentence? □Yes □No
Hav	e you been charged with a criminal offense committed since entering treatment?
3.	Shoplifting/vandalism
4.	Parole/probation violations
5.	Drug offenses
6.	Forgery
7.	Weapons offense
8.	Burglary, larceny, B&E
9.	Robbery
10.	Assault
11.	Arson
12.	□Rape
13.	□Homicide, manslaughter
14a.	Prostitution
14b	☐Contempt of court
14c.	Other
25.	How many days in the past 30 were you engaged in illegal activities for profit?
26.	How serious do you feel your present legal problems are? (Exclude civil problems) Not at all Slightly Moderately Considerably Extremely

27. H	ow important to you now is counseling or referral for these legal problems? Not at all Slightly Moderately Considerably Extremely	
	Fam/Soc	
3. Are	e you satisfied with your current marital status? Indiff Yes No	
Have yo	ou had significant periods in which you have experienced serious problems with:	
<i>10.</i>	Mother	
11.	Father	
12.	Brothers/Sisters	
13.	Sexual partner/Spouse	
14.	Children	
15.	Other significant family	
16.	Close friends	
17.	Neighbors	
18.	Co-workers	
Have yo		
19.	How many days in the past 30 have you had serious conflicts:	
	A. with your family?	
How tro	publed or bothered have you been in the past 30 days by these:	
20.	Family problems Not at all Slightly Moderately Considerably Extremely	
How important to you is treatment or counseling for these:		
22.	Family problems Not at all Slightly Moderately Considerably Extremely	

	Psych
	e you had a significant period (that was not a direct result of drug/alcohol use), in which you e experienced:
3.	Serious depression
4.	Serious anxiety or tension
5.	Hallucinations
6.	Trouble understanding, concentrating or remembering
7.	Trouble controlling violent behavior
8.	Serious thoughts of suicide
9.	
10.	Been prescribed medication for any psychological/emotional problem
If to	aking prescribed medication, are you taking the medication as prescribed? Yes
_	No
11.	How many days in the past 30 have you experienced these psychological problems?
12.	How much have you been troubled by these psychological or emotional problems in the past 30 days? Not at all Slightly Moderately Considerably Extremely
13.	How important to you now is treatment for these psychological problems? Not at all Slightly Moderately Considerably Extremely

Notes	

MACSA Mini

In the last 30 days, h	now mai	ny day	s have	you att	ended	d :							
Outpatient treatmen	t servi	ce											
Inpatient treatment	service	2											
Self-help support gro	oups												
Current Grades:	A+	Α	A-	B+	В	C+	С	C-	D+	D)	D-	F
In the last 30 Days,	have yo	u:											
Had disruptive be	ehavior	in sch	ool										
Used pot/alcohol	other/	drugs	before	e or dur	ing sc	hool h	ours						
Used pot/alcohol	other/	drugs	at sch	ool evei	nt								
Number of hours/we	ek worl	king du	ıring la	st 30 d	ays								
Number of arrests fo	or illego	al activ	vity co	nmitte	d in th	ie last	30 da	ıys					
Below is a list of iten indicate those items					_			rs. Pleas	se			rely, So n, Alwa	metimes, ys)
Have an "I don't care	e" attit	ude											
Believe that parents,	/caregi	vers ru	ules are	e not fo	air								
Suicidal thoughts/at	tempts												
Fight or argue with p	arents	/careg	ivers										
Cut or burn self													
Stay out past curfew	1												
Assault/hurting othe	rs												
Lie to parents/careg	ivers												
Ran away													
Make decisions I reg	ret late	er or w	hich g	et me ii	nto tr	ouble							
Verbal fighting													
My anger gets me in	trouble	at scl	nool/ho	ome									
Physical fighting													
Feel depressed or ho	peless												

Gang member

MACSA Mini

Drug Used	Days Past 30	Drug Used	Days Past 30
ALCOHOL		OTHER STIMULANTS	
CRACK		BENZODIAZEPINES	
OTHER COCAINE		TRANQUILIZERS	
MARIJUANA / HASHISH / THC		BARBITURATES	
HEROIN		SEDATIVES / HYPNOTICS	
NON-PRESCRIPTION METHADONE		OPIATES / SYNTHETICS	
PCP OR PCP COMBINATIONS		INHALANTS	
HALLUCINOGENS		OVER-THE-COUNTER	
METHAMPHETAMINE		OTHER DRUGS	
OTHER AMPHETAMINES		TOBACCO	
ECSTASY / MDMA		PATHOLOGICAL GAMBLING	

Notes